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SECRETARY OF ORATIONS
ON JUN -5 PM 2: 30

J. BRYAN

JUN - 6 2008

EXAMINER



COVER LETTER

TO: **Registration Section** Division of Corporations

(Name of Limited Liability Company)

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

(Name of Person)

(Firm/Company)

(Address)

(City/State and/Zip Code)

For further information concerning this matter, please call:

(Name of Person) (Area Code & Daytime Telephone Number)

Enclosed is a check for the following amount:

\$25.00 Filing Fee □\$30.00 Filing Fee &

Certificate of Status

□\$55.00 Filing Fee & Certified Copy (additional copy is enclosed) □\$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)

MAILING ADDRESS:

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

STREET/COURIER ADDRESS:

Registration Section **Division of Corporations** Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION

ARTICLES OF ORGANIZATION

OF

Cimited Liability Company as it now appears on our records.

(A Florida Limited Liability Company)

New Registered Agent's Signature, if changing Registered Agent:

Name of New Registered Agent:

New Registered Office Address:

I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 608, F.S. Or, if this document is being filed to merely reflect a change in the registered office address, I hereby confirm that the limited liability company has been notified in writing of this change.

(If Changing Registered Agent Signature of New Registered Agent)

(Enter Florida street address)

Page 1 of 2

If amending the Managers or Managing Members on our records, enter the title, name, and address of each Manager or Managing Member being added or removed from our records:

MGR = Manager MGRM = Managing Member **Type of Action** Title <u>Name</u> 🗖 Add Remove Add Remove ___ Add ☐ Remove T Add T Remove D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) Dated . Signature of a member or authorized representative of a member

Typed or printed name of signee
Page 2 of 2

Filing Fee: \$25.00