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(Re	questor's Name)				
(Ad	dress)				
(Ad	dress)				
(Cit	y/State/Zip/Phone #)				
PICK-UP	WAIT MAIL				
(Business Entity Name)					
(Document Number)					
Certified Copies	Certificates of Status				
Special Instructions to	Filing Officer:				
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09/26/12--01020--008 **25.00



B. KOHR SEP 2 7 2012

EXAMINED

COVER LETTER

то:	Registration Section Division of Corporation	s			~~	8
SUBJE	CT:	Gam's N Name of Limit	Property ted Liability Comp	Sources L	<u>lc</u>	S PA H. S.
The encl	osed Articles of Amendm	ent and fee(s) are sub	mitted for filing.			
Please re	eturn all correspondence co	oncerning this matter	to the following:			
			Name of Person	on Misor		
			G Com Sw Firm/Compar	Poperty	Servius	, (()
	PO POX 510 Address					
			Address			•
	Ourcle F 33838 City/State and Zip Code					
			o be used for faulire			
For further information concerning this matter, please call:						
	Jenn Fer Name of Person	ESposts	at (\(\sqrt{0}\) Are) 4 39 ea Code & Daytime	CSSO: Telephone Number	
Enclose	d is a check for the followi	ng amount:				
\$25.0	00 Filing Fee 30.	00 Filing Fee & ertificate of Status	S55.00 Filing Certified C (additional) Certified (of Status &

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 OF



	Carre Page	Servius, U. (5)			
(<u>Name of the Limited Lia</u> (A Fic	bility Company as it now appear orida Limited Liability Company)	s on our records.)			
The Articles of Organization for this Limited Liabil Florida document number	lity Company were filed on	4/20/52			
This amendment is submitted to amend the following	ng:				
A. If amending name, enter the new name of the	e limited liability company here	<u>e</u> :			
The new name must be distinguishable and end with th "L.L.C."	e words "Limited Liability Compa	ny," the designation "LLC" or the abbreviation			
Enter new principal offices address, if applicable	e:				
(Principal office address MUST BE A STREET A	DDRESS)				
Enter new mailing address, if applicable:					
(Mailing address MAY BE A POST OFFICE BO.	<u></u>				
B. If amending the registered agent and/or registered agent and/or the new registered office		ur records, enter the name of the new			
Name of New Registered Agent:					
New Registered Office Address:	Ent	er Florida street address			
_	City	, Florida Zip Code			

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

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 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 Name **Address** DO BOX ☐ Add Remove ☐ Add Remove Remove Add Remove □Add Remove \square Add Remove D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) note Gamson Dated] Signature of a member or authorized representative of a member De Gam'son Typed or printed name of signee

Page 2 of 2

Filing Fee: \$25.00