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(F	Requestor's Name)
(A	Address)
(A	Address)
(0	Dity/State/Zip/Phone #)
	☐ WAIT ☐ MAIL
(E	Business Entity Name)
(C	Document Number)
Certified Copies	Certificates of Status

Special Instructions to Filing Officer

A. LUNT

JUN 1 0 2008

EXAMINER

Office Use Only



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TALLAHASSEE, FLORIDA

COVER LETTER

TO: Registration Se Division of Cor				
SUBJECT: BE	ZLA DORS (Name of Lim	LUMDOUS,	LLC	
The enclosed Articles of	Amendment and fee(s) are sub	omitted for filing.		
Please return all correspondence	ondence concerning this matter	to the following:		
	Deanne 1	(Name of Person)		
	1//// 1	(Firm/Company)	——— ~ ДО	
	1995 N.	(Address)	THS FEE B	
	BELRAY	BEACH FL 33 (City/State and Zip Code)	SECRETARY OF LLAHASSEE.	
For further information c	oncerning this matter, please c	all:	F SI	
Deanne Ro	SS of Person)	at <u>56)2 · 44</u> (Area Code & Daytime T	ORIDA V4 25 elephone Number)	
Enclosed is a check for th	ne 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 enclose	sed)

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

ISELLA DOOK	W W	MINUUU	NILL	<u></u>	_
(Name of the Limited Li	bility Compan	v as it now appears on o ability Company)	ur records.)		
The Articles of Organization for this Limited Liabi		al n	12	DE and	l assigned
Florida document number <u>L 080 000</u>			X A		Carrier
		•	HAS		
This amendment is submitted to amend the following	ng:		200 × 200 ×	-9	-
		P4	اران ان ان ا	Ū	
A. If amending name, enter the new name of the limited liability company here:					
The new name must be distinguishable and end with the "L.L.C."	ne words "Limit	ed Liability Company," the	ne designation	"LEC" or	the abbreviation
Enter new principal offices address, if applicable	e:	1445 K	1. CON	GRE	SS AVE
(Principal office address MUST BE A STREET A	(DDRESS)			BA	448
•		DELRAYB	EACH,	17.3	13445
Enter new mailing address, if applicable:		1445 N	CONG	RES	SAUE
(Mailing address MAY BE A POST OFFICE BOX)					
		DELKAY E	SEN CH	the.	33445
B. If amending the registered agent and/or registered agent and/or the new registered office			cords, <u>enter</u>	the nan	ie of the new
Name of New Registered Agent:	Agents an	d Corporations,	Inc.		
New Registered Office Address:	300 Fifth	Avenue South, S	uite 101-	330	
-		(Enter F	lorida stre <mark>et</mark> a	ddress)	
_	Naples		, Florida _	34102	<u></u>
·		(City)	-	(Zip	Code)
New Registered Agent's Signature, if changing Reg	istered 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.

(PChanging Registered Agent, Signature of New Registered Agent)

Page 1 of 2 John L. Williams, Vice Pres.

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 = M MGRM =	lanager Managing Member		
<u>Title</u>	<u>Name</u>	Address	Type of Action
			Add Remove
			Add Remove
			Add Remove
·			Add Remove
			Add Remove
			Add Remove
D. If amer	nding any other information, enter chang	e(s) here: (Attach additional sheets, if necessing the sheets) if necessing the sheets if necessing the sheet shee	CRETARYOR D
Dated			# 25 —
	Signature of a member Deanne M. Ro	or printed name of signee	

Page 2 of 2

Filing Fee: \$25.00