L08000046417

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SECRETARY OF STATE

COVER LETTER

TO: Registration Se Division of Cor				
SUBJECT: 1x LLC				* ·
	(Name of Limit	ted Liability Company)		
The enclosed Articles of	Amendment and fee(s) are subn	nitted for filing.		
Please return all correspondent	ondence concerning this matter t	o the following:		
	Gregory R. Rountree			
	Orogory II. Rodinado	(Name of Person)		
	1x LLC			
		(Firm/Company)	ZOOR SEC	
	2668 Bent Hickory Cir		سے تیت جات	7
	2000 Bent Hickory Cir	(Address)	JUL 10 CRETARY I	
		,	TAR' ASS	
	Longwood, FL 32779		Y OF	
		(City/State and Zip Code)	OF STATE	
			1: 07 STATE FLORIDI	
For further information of	oncerning this matter, please ca	III:	DE J	
Gregory R. Rountree		at (_407) 716-5975		
(Name	of Person)	(Area Code & Daytime T	'elephone Number)	
Enclosed is a check for t	he 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	:d)

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

1x LLC		
(<u>Name of the Limited Liability Cor</u> (A Florida Limit	npany as it now appears on our records.) ed Liability Company)	
·		
The Articles of Organization for this Limited Liability Comp	pany were filed on 05/08/2008	and assigned
Florida document number L08000046417	1	
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited	liability company here:	
	,	· · · · ·
The new name must be distinguishable and end with the words "l	Limited Liability Company," the designation	LCar the abbreviatio
"L.L.C."	Ę	R E
Enter new principal offices address, if applicable:		<u> </u>
(Principal office address MUST BE A STREET ADDRESS	5)	m m
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		
Muung uuuress MAT DE A FOST OF FICE BOAT		
	-	
B. If amending the registered agent and/or registered	d office address on our records, ente	r the name of the nev
registered agent and/or the new registered office address		
Name of New Registered Agent:	_	
N. B. Standard and Addition		
New Registered Office Address:	(Enter Florida street	address)
	·	,
	, Florida,	(Zip Code)
	(~ • • <i>y)</i>	(Lip Coue)

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 Changing Registered Agent, Signature of New Registered Agent)

If amending the valanagers 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 <u>Title</u> <u>Name</u> Address **Type of Action** MGMR Melissa Dawn Rountree 2668 Bent Hickory Cir. ■ Add Remove Longwood, FL 32779-☐ Add Remove 🗂 Add Remove ☐ Add Remove □ Add Remove Add D. If amending any other information, enter change(s) here: (Attach additional sheets, if negessary) 2008 Dated July 07 Signature of a member or authorized representative of a member Gregory R. Rountree Typed or printed name of signee

Page 2 of 2

Filing Fee: \$25.00