

LO8000051220

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

N. Culligan

OCT -6 2009

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: All4U LLC
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:

 Lisa Freeman
Name of Person

 All4U LLC
Firm/Company

 7637 Crosstree Ln
Address

 Jacksonville, Florida 32256
City/State and Zip Code

 all4usa@comcast.net
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

 Bob or Lisa Freeman at (904) 342-6161
Name of Person Area Code & Daytime Telephone Number

Enclosed is a check for the following amount:

- | | | | |
|---|---|--|--|
| <input type="checkbox"/> \$25.00 Filing Fee | <input checked="" type="checkbox"/> \$30.00 Filing Fee &
Certificate of Status | <input type="checkbox"/> \$55.00 Filing Fee &
Certified Copy
(additional copy is enclosed) | <input type="checkbox"/> \$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
OF**

AI4U LLC

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

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The Articles of Organization for this Limited Liability Company were filed on 5/22/2008 and assigned
Florida document number L08000051220.

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 "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."

Enter new principal offices address, if applicable:

(Principal office address MUST BE A STREET ADDRESS)

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here:

Name of New Registered Agent:

New Registered Office Address:

Enter Florida street address

_____, Florida _____

City

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 Changing Registered Agent, Signature of New Registered Agent

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

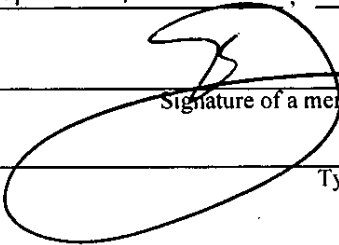
<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGR	Robert W Freeman	7637 Crosstree Ln Jacksonville, Florida 32256	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
MGR	Robert W Freeman Jr.	7637 Crosstree Ln Jacksonville, Florida 32256	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
MGRM	Lisa Freeman	7637 Crosstree Ln Jacksonville, Florida 32256	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
MGRM	Robert W Freeman	7637 Crosstree Ln Jacksonville, Florida 32256	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove

D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

Lisa Freeman 60% Owner of ALL4U LLC

Robert Freeman 40% Owner of ALL4U LLC

Dated September, 25, 2009


Signature of a member or authorized representative of a member

Robert Freeman

Typed or printed name of signee

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