08000053688

	equestor's Name)			
	idress)	<u> </u>		
(Ac	ldress)			
(Ci	ty/State/Zip/Phone	∋ #)		
PICK-UP		MAIL		
(Bi	isiness Entity Nar	ne)		
(Document Number)				
Certified Copies	_ Certificates	s of Status		
Special Instructions to	Filing Officer:			
· · · ·				

Office Use Only



900183438239 07/21/10--01021--011 **25.00

> FT 1 L. E. L.) 2010 JUL 21 AN 9: 49 SECRETARY OF STATE TALLAHASSEE, FLORID

T. CLINE

JUL 2 2 2010

EXAMINER

Registration Section TO: **Division of Corporations** SUB Liability Name of Limited ompany The enclosed Articles of Amendment and fee(s) are submitted for filing. Please return all correspondence concerning this matter to the following: Persor lirm/Compa *33*5 ช City/State and JUPADVP 11 E-maikaddress: (to be used for future annual report notifica PH 9: For further information concerning this matter, please call: ۔ ق wee Area Code & Daytime Telephone Number Name of Person Enclosed is a check for the following amount: \$30.00 Filing Fee &. \$60.00 Filing Fee, \$25.00 Filing Fee-\$55.00 Filing Fee & Certificate of Status Certified Copy Certificate of Status & (additional copy is enclosed) Certified Copy (additional copy is enclosed) MAILING ADDRESS: STREET/COURIER ADDRESS: **Registration Section Registration Section Division of Corporations Division of Corporations** P.O. Box 6327 **Clifton Building** Tallahassee, FL 32314 2661 Executive Center Circle Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

ability Company as it now appears on our records, or our recor

The Articles of Organization for this Limited Liability Company were filed on $\underline{3333357.4.10}$ and assigned Florida document number $\underline{1.0600053066}$.

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 "LLC."

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)

					220	C	
					50	J	
· • •	_/		*		HASSE	L21	
	⁻			·		750	بندي. رسين
					22	ې	
		·			-0 -	Ū.	

En.

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:	AARON S. KORNHAUSER	,·			
New Registered Office Address:	20300 MID CT. LUTZ	FL	3355B		
	Enter	Florida	n street ada	tress	
	LUTZ	!	Florida	33558	
	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, <u>enter the title, name, and address of each Manager</u> or Managing Member heing added or removed from our records:



	•	
والمناطقة المساحي		
· .		
Dated	Murah 32 July 14 / 20101	
	Signature of a member of a uthorized representative of a member MQTHUE - TQWZEF Typed or printed name of signed	
	Page 2 of 2	
· 4 = *2	Filing Fee: \$25.00	