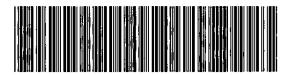
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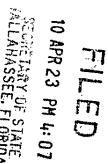
(Requestor's Name)				
(Address)				
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(City/State/Zip/Phone #)	<u>. </u>			
PICK-UP WAIT	MAIL			
(Business Entity Name)				
(Document Number)				
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D. BRUCE

APR 26 2010

EXAMINER

COVER LETTER

TO: Registration Section Division of Corporations
SUBJECT: 920 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:
BRIAN ADAMS Name of Person
9777 LLC Firmi Company
501 Soth State Cp 7
Claristone and Zip Code
E-mail address: (to be used for tuture analyt report notification) For further information concerning this matter, please call:
BRIAN ADAMS "GSY 234 7392 55 2
Name of Person Area Code & Daytime Telephone Number
Se F D
S25.00 Filing Fee S30.00 Filing Fee & S55.00 Filing Fee & S60.00 Filing Fee.

MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building 2601 Executive Center Circle Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

9222	1-6	C			
(Name of the Limited Liability Company as it now appears on our records.) (A Florida Limited Liability Company)					
The Articles of Organization for this Limited Liability Company were filed on 63008 and assigned Florida document number 60000054, 941					
This amendment is submitted to amend the following:					
A. If amending name, enter the new name of the new name must be distinguishable and end with to "L.L.C."	he limited liabil	<u> </u>	LLC" or the subreviation		
Enter new principal offices address, if applicab		MA	Den		
Enter new mailing address, if applicable: (Mailing address MAY RE A POST OFFICE BE		W/A	APR 23 PM 4		
B. If amending the registered agent and/or registered office address on our records, enter the name of two new registered agent and/or the new registered office address here:					
Name of New Registered Agent: New Registered Office Address:	1304 5015 01AN	Enser Fiorida street add	37 33317 210 Cide		
Non-Bestern I.A. (4-67-pu4-) (6-3-push) B		-			

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 for firm that the limited liality company has been notified in writing of this change.

If Changing Registered Agent, Signature of New Registered : stent

Page 1 of 2

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 = Mana MGRM = Ma	ger naging Member		,			
Title	Name	Address	Type of Action			
FM6an	BRAN ADAMS	SOI Soth State RD RATTOR PT 33317	Ad·I Rei 10ve			
MGN	Michael Becker	50 (Synth State lo	7 Add Berrove			
<u>w</u> GA	BRIAN Mccoy	50 1 Suth State Up 7 Plantation Pl 23312	Ad!			
			Adi Re nove			
			Ad-l Rei tove			
			Ad ! Re: tove			
D. If amendin	g any other information, enter change(s	s) here: (Attach additional sheets, if necessary.)	FIL O APR 23			
			F.S. F.O.			
Dated		7	_			
Signature of a member or authorized sepresentative of a member						
Typod or printed name of signee						

Page 2 of 2 Filing Fee: \$25.00