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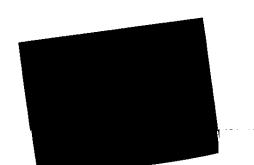
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2009 JUN 15 AM 9: 12
SECRETARY OF STATE
TALLAMASSEE, FLORING

A. LUNT

JUN 1 7 2009

EXAMINER



COVER LETTER

TO:

P.O. Box 6327 Tallahassee, FL 32314

TO:	Registration Se Division of Cor					
SUBJE	ECT: Transformations Unlimited, LLC					
	Name of Limited Liability Company					
The enc	losed Articles of	Amendment and fee(s) are sub	omitted for filing.			
Please re	eturn all correspo	ondence concerning this matter	to the following:			
			John Elliott			
		Name of Person				
		formations Unlimited, LLC		7s 2		
Firm/Company		 				
	381 Lakepark Trail				2009 JUN 15 SECRETARY TALLAHASSI	
		**	Address			r r
0\			Oviedo, FL 32765		AM 9: 12 OF STATE E. FLORIDA	Ċ
			City/State and Zip Code			
john.elliott@transformations-unlimited.com E-mail address: (to be used for future annual report notification)						
For furtl	her information o	concerning this matter, please c	·	лі <i>)</i>		
		John Elliott	at (407) 832	2-7815		
Name of Person			Area Code & Daytime Te		 .	
		he following amount:				
\$25.00 Filing Fee \$\times \text{Certificate of Status}\$			\$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	Certified	te of Status &	ed)
		ING ADDRESS:	STREET/COURIER	ADDRESS:		
Registration Section Division of Corporations			Registration Section Division of Corporatio	ns		

Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Transformations (Name of the Limited Liability Company	Jnlimited, LL	C on our records)	
(A Florida Limited Lia	ability Company)	s on our records.	
The Articles of Organization for this Limited Liability Company v	vere filed on	6/4/2008	and assigned
Florida document numberL08000055292			
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited liabil	ity company her	<u>e</u> :	
The new name must be distinguishable and end with the words "Limite" L.L.C."	ed Liability Compa	ny," the designation "	LLC" or the abbreviation
Enter new principal offices address, if applicable:			
(Principal office address MUST BE A STREET ADDRESS)			ASE BE
Enter new mailing address, if applicable:		,	SSEE SEE
(Mailing address MAY BE A POST OFFICE BOX)			
			22 T
D. If any adding the projectional operational office and any designation of the contract of th	ine address on s	outon accords outon	the name of the new
B. If amending the registered agent and/or registered office address here		our records, <u>enter</u>	the name of the nev
Name of New Registered Agent:		· · · · · · · · · · · · · · · · · · ·	
New Registered Office Address:			
	En	ter Florida street ad	dress
	City	, Florida _	Zip Code
New Registered Agent's Signature, if changing Registered Agent:			τ -

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

Title <u>Name</u> **Address Type of Action** MGR Alan Hanel 1656 Pine Bay Drive Lake Mary, FL 32746 | ✓ Add Remove ☐ Add Remove ☐ Add ☐ Remove Remove D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) June 11 2009 Dated Signature of a member or authorized representative of a member John M. Elliott Typed or printed name of signee

Page 2 of 2

Filing Fee: \$25.00