## 108000057461

(Requestor's Name)				
· (Addre	ess)			
(Addre	·ee)			
( laure	,,,,			
(City/S	state/Zip/Phon€	e #)		
; PICK-UP	☐ WAIT	MAIL		
<del>-</del> (Busin	ess Entity Nan	ne)		
1				
(Doout	ment Number)			
(5004)	ment Number,			
Certified Copies Certificates of Status				
Special Instructions to Fili	na Officer:			
'	Ţ			
		·		

Office Use Only



900143453849

02/13/09--01026--001 \*\*30.00

2009 FEB 13 AM 10: 52
SECRETARY OF STATE
SECRETARY OF STATE

T. CLINE

FEB 16 2009

EXAMINER

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

(Name of the Limit	ed Liability Compa	ny as it now appear Liability Company)	rs on our records.)	
The Articles of Organization for this Limited Florida document number	Liability Company		6-11-08	_ and assigned
This amendment is submitted to amend the fo	llowing:			
A. If amending name, enter the new name	of the limited lial	pility company her	<u>s:</u>	
The new name must be distinguishable and end v "L.L.C."	vith the words "Lim	ited Liability Compa	ny," the designation "LL(	C" or the abbrevia
Enter new principal offices address, if appl	icable:			
(Principal office address MUST BE A STREET ADDRESS)		N/A		······································
Enter new mailing address, if applicable:		**************************************	TALLA	2109 FE
(Mailing address MAY BE A POST OFFICE BOX)		N/A	HASS	Laborate Laborate
B. If amending the registered agent and registered agent and/or the new registered of			Üc	name of the
Name of New Registered Agent:	N/A			
New Registered Office Address:	N/A			<del> </del>
		(Enter Florida street address)		
	N/A		, Florida <u>N/A</u>	
		(City)		(Zip Code)

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 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>	Address	Type of Action
MGRM	Chad Williams	2507 41st ave north St. Petersburg Fl33714	Add Remove
MGR	Maria Williams	2507 41st ave north St. Petersburg Fl 33714	Add Remove
MGRM_	Racquel Piper	2910 50th ave south St. Petersburg Ft 33712	Add 7 Remove
-			Add Remove
			Add Remove
			Add Remove
D. If amendin	ng any other information, enter c	hange(s) here: (Attach additional sheets, if necessary.)	) <b>(</b>
<del></del>		AHASSEL FL	3 1
Dated Februar	y 11th	7009 .	-10: 52 -
_ <del></del>	A_		
_	Signature of a m	ember or authorized representative of a member	
	Racquel Piper	Typed or printed name of signee	

Page 2 of 2

Filing Fee: \$25.00