(Re	equestor's Name)			
(Ad	ldress)			
(Ac	ldress)			
(City/State/Zip/Phone #)				
PICK-UP	☐ WAIT	MAIL		
(Business Entity Name)				
(Document Number)				
Certified Copies	_ Certificates	s of Status		
Special Instructions to Filing Officer:				
789 623	6M1			

Office Use Only

L08-60985



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07/30/08--01011--012 **25.00

M. THOMAS

AUG 1 4 2008

EXAMINER

COVER LETTER TO: Registration Section **Division of Corporations** SUBJECT: The enclosed Articles of Amendment and fee(s) are submitted for filing. Please return all correspondence concerning this matter to the following: For further information concerning this matter, please call:

Enclosed is a check for the following amount:

\$25.00 Filing Fee

\$30.00 Filing Fee & Certificate of Status

□\$55.00 Filing Fee &
Certified Copy
(additional copy is enclosed)

□\$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



FLORIDA DEPARTMENT OF STATE Division of Corporations

July 31, 2008

DAVID C. POPHAM JR 3162 COMMODORE PLAZA STE 3E MIAMI, FL 33133

SUBJECT: LIME LUME LLC Ref. Number: L08000060985

We have received your document for LIME LUME LLC and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Section 608.407, Florida Statutes, requires the document(s) to be signed by a member or by the authorized representative of a member.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6097.

Marsha Thomas Regulatory Specialist II

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Letter Number: 508A00043975



ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Lime	Lone		
(<u>Name of the Limited Liability</u> (A Florida)	y Company as it now appears of Limited Liability Company)	n our records.)	
The Articles of Organization for this Limited Liability C	Company were filed on	c 20, 2008 and assigned	
Florida document number LOSOOO 60945	<u></u> .		
This amendment is submitted to amend the following:		g ·	
A. If amending name, enter the new name of the lim	ited liability company here:	PECAL IS	
The new name must be distinguishable and end with the wor "L.L.C."	rds "Limited Liability Company,"	"the designation "LLC" or the abbreviation	
Enter new principal offices address, if applicable:		ું કુસૂ	
(Principal office address MUST BE A STREET ADDI	RESS)	- Brit	
		······································	
Enter new mailing address, if applicable:			
(Mailing address MAY BE A POST OFFICE BOX)			
B. If amending the registered agent and/or regis registered agent and/or the new registered office add		records, enter the name of the new	
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>	Address	Type of Action
MGRM	David C Popher		Add Remove
	-		Add Remove
			Add Remove
		·	OS AUG 13 AH BT OS STATE FLORING Add Remove Plants
			Add F S Remove
			Add Remove
D. If amendi	ng any other information, enter change	e(s) here: (Attach additional sheets, if necessary.)	
	<u> </u>		<u>—</u>
		•	
Dated	8-11-08 Durf C Fo	ghay-	
	Signature of a member	or authorized representative of a member	

Page 2 of 2

Filing Fee: \$25.00