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D. BRUCE

JAN 11 2011

EXAMINER

, COVER LETTER

11 JAN 10 PHIZ: 00
g Fee, of Status & Copy I 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

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

albright (instruction, L	C.	
(Name of the Limited Liability	y Company as it now appears o Limited Liability Company)	n our records.)	1
The Articles of Organization for this Limited Liability (Florida document number <u>LOS DOOD LOUN</u>	Company were filed on	1 2/2008	_ and assigned
This amendment is submitted to amend the following:			
A. If amending name, <u>enter the new name of the lim</u>	ited liability company here:		
The new name must be distinguishable and end with the wo "L.L.C."	rds "Limited Liability Company,	" the designation "LLC	C" or the abbreviation
Enter new principal offices address, if applicable:			
(Principal office address MUST BE A STREET ADDI	RESS)		Î A
			SS O
Enter new mailing address, if applicable:	***************************************		FO 5
(Mailing address MAY BE A POST OFFICE BOX)			ORIDA
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 addres	·s
		. 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 ≅ Mai MGRM)= M	nager Ianaging Member			
<u>Title</u>	<u>Name</u>	Address	Type of Act	<u>ion</u>
MGR	Mail C. Albright	4115.31d St.	Add Remove	
			Add Remove	
			Add Remove	
			Add Remove	
			Add Remove	
· · · · · ·			Add Remove	
D. If amend	ling any other information, enter change	(s) here: (Attach additional sheets, if necessary.)	NA OF	Per Carrier on Carrier
Dated		or authorized representative of a member		
		r printed name of signee		

Page 2 of 2

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