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(Requestor's Name)				
(Address)				
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(City/State/Zip/Phone #)				
PICK-UP WAIT MAIL				
(Business Entity Name)				
(,				
(Document Number)				
Certified Copies Certificates of Status				
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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

008 SEP 29 PM 1: 0

D. BRUCE

SEP 3 0 2008

**EXAMINER** 

# **COVER LETTER**

TO: Registration S Division of Co					
SUBJECT:	On Poin 7 (Name of Limit	H LLC ed Liability Company)			
The enclosed Articles of	Amendment and fee(s) are subm	nitted for filing.			
Please return all correspondent	ondence concerning this matter to	o the following:			
	Michae	(Name of Person)	· Salaninia (Salaninia (Salaninia (Salaninia (Salaninia (Salaninia (Salaninia (Salaninia (Salaninia (Salanini		
	On Po	Sin # LLC			
		Sheridan Dr	ζ	2008 S SECRITALLA	
	Huds	Sheridan Dr (Address) Son, R 3466	7	EP 29 'HASSEE,	And the state of t
_	concerning this matter, please cal	(City/State and Zip Code)		FSTATE FLORIDA	J
Michael (Name	UNSWORTH of Person)	at ( <u>737)</u> <u>919- 7-</u> (Area Code & Daytime T	fa4 (elephone Number)	_	
Enclosed is a check for t	he following amount:				
\$25.00 Filing Fee	□\$30.00 Filing Fee & Certificate of Status	□\$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	Certificate of Certified Contact (additional contact)	of Status &	

### 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

ty company here:	and assigned  2008 SEP 29  SECRETARY TALLAHASSE
<u>ty company here</u> :	2008 SEP 29 SECRETARY TALLAHASSE
ty company here:	2008 SEP 29 SECRETARY ALLAHASSE
ty company here:	29 SSEI
	in the second se
d Liability Company," the designation	on "LIC" the abbreviation
	≫. <b>o</b>
13/19 Shee Hudson, 1	idan DR: 7 34667
SAME A	s Above
Chael Unswork  Chael Unswork  In Shekidan De  (Enter Florida street  (City)	t address)
	13/19 Shek Hudson, I SAME A ce address on our records, em 'Chael Unswor' 119 Shekidan Dk (Enter Florida stree

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 t or Managing Member being added or removed from our records: MGR = Manager MGRM = Managing Member **Title** <u>Name</u> **Address Type of Action** MGRM Michael Unsworth Remove □ Add Remove Add 🗖 Remove ☐ Add Remove ☐ Add Remove T Add Remove D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) Change of New Registered Agent From Signature of a member or authorized representative of a member Michael Unsworth Typed or printed name of signee

Page 2 of 2

Filing Fee: \$25.00