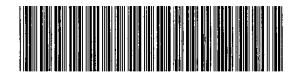
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COVER LETTER **Registration Section** TO: **Division of Corporations** (Name of Limited Liability Company) The enclosed Articles of Amendment and fee(s) are submitted for filing. Please return all correspondence concerning this matter to the following: Winter LL (Firm/Company) Temesser St Sirc 5109 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

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

08 DEC 15 PH 12: 13

SECRETAINS OF STATES
TALLAMASSEE FLORIDA

Banell L	vater	LLC	
(Name of the Limited Liab	ility Company as it ida Limited Liability	now appears on our Company)	records.)
The Articles of Organization for this Limited Liabili	ty Company were fi	led on & <u>&</u> / <u> </u>	2/2008 and assigned
This amendment is submitted to amend the followin	g:		
A. If amending name, enter the new name of the	limited liability co	mpany here:	
The new name must be distinguishable and end with the "L.L.C."	words "Limited Liab	oility Company," the c	designation "LLC" or the abbreviation
Enter new principal offices address, if applicable			
(Principal office address MUST BE A STREET A	DDRESS)		
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX	Q ; <u>; ; </u>		
B. If amending the registered agent and/or registered agent and/or the new registered office		dress on our reco	ords, enter the name of the new
Name of New Registered Agent:	Michael		
New Registered Office Address:	2614 W.	Tunnesser Enter Flor	St S. 7c 5/04 ida street address)
_	Tullahalf	(Enter Flor	, Florida J J J 4
Naw Pegistered Agent's Signature if changing Regis	(City) stered Agent:	,	(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 = M	anaging Member		
<u>Title</u>	<u>Name</u>	Address	Type of Action
MGRM	Charhan, Ajosh	2614 W tennesser St Swite 5109 Tallabester & 12304	Add Remove
			Add Remove
			Add Remove
	· · · · · · · · · · · · · · · · · · ·		Add Remove
			Add Remove
	· · · · · · · · · · · · · · · · · · ·		Add Remove
D. If amend	ling any other information, enter chang	ge(s) here: (Attach additional sheets, if necessary.	08 DEC 15 PM 12: 13 SECRETARY STATE PAUL ANASSEE - LORIG
Dated //	Signature of a membe	er or authorized representative of a member Milhael Lolling dor printed name of signee	

Page 2 of 2

Filing Fee: \$25.00