## L080001783

(Requestor's Name)				
(Address)				
•				
(Address)				
(City/State/Zip/Phone #)				
PICK-UP WAIT MAIL				
(Business Entity Name)				
(Document Number)				
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**EXAMINER** 



000196257710

03/02/11--01025--018 \*\*25.00

THAK-2 Ph 4: U3

## **COVER LETTER**

TO: Registration Section Division of Corporation	ıs		
SUBJECT: SV	ishious cl	d Liability Company	
	Name of Limite	d Liability Company	••
			•
The enclosed Articles of Amendm	nent and fee(s) are subn	nitted for filing.	
Please return all correspondence of	concerning this matter to	o the following:	
	5.000	7 = 7 = 7 = 7 = 7 = 7 = 7 = 7 = 7 = 7 =	
	SMICH	Name of Person	
	Syst	Firm/Company	· · · · · · · · · · · · · · · · · · ·
		Firm/Company	
	0 - 5	12/2	
	A.O. 104	1262 Address	
	,		
	CANE CA	inviveme FL	32920
		City/State and Zip Code	_ <del></del>
	,	FL 32920 be used for future annual report notificat	
<del></del>	E-mail address: (to	be used for future annual report notificat	tion)
For further information concerning	g this matter, please ca	11:	
	•	_ 14	
- Swirt 3	SEATTE	at (407) 808 16 4 Area Code & Daytime T	42
Name of Person		Area Code & Daytime 1	elephone Number
Enclosed is a check for the follow	ing amount:		
\$25.00 Filing Fee \$30	0.00 Filing Fee &	\$55.00 Filing Fee &	\$60.00 Filing Fee,
	Certificate of Status	Certified Copy (additional copy is enclosed)	Certificate of Status & Certified Copy
		(additional copy is cholosed)	(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

(Name of the Limited Liability Company as it now appears on our records.)  (A Florida Limited Liability Company)					
The Articles of Organization for this Limited Liability Company v					
Florida document number 15-8014902189-0.	were filed on Muzus, 15 less and assigned				
rionda document number 13-80. 7 (02.18 (-2.					
This amendment is submitted to amend the following:					
A. If amending name, <u>enter the new name of the limited liabi</u>	lity company here:				
The new name must be distinguishable and end with the words "Limite" L.L.C."	ed Liability Company," the designation "LLC" or the abbreviation				
Enter new principal offices address, if applicable:	520. S. Brevny ME				
(Principal office address MUST BE A STREET ADDRESS)	Apr la La				
	6601 JEACH FL 32931				
Enter new mailing address, if applicable:	520 S. BREWARY AVE				
(Mailing address MAY BE A POST OFFICE BOX)	MT 226 COCOM BGACH FL 32931				
	COCON BGACH FL 32931				
	ice address on our records, enter the name of the new :				
New Registered Office Address: 530	S. TREMIN NE W. 226				
	Enter Morida street address				
Lolova	ЗВЭСН , Florida ЗХЭЭЗ \ City Zip Code				
New Registered Agent's Signature, if changing Registered Agent:					
I hereby accept the appointment as registered agent and agree the provisions of all statutes relative to the proper and complet accept the obligations of my position as registered agent as probeing filed to merely reflect a change in the registered office of company has been notified in writing of this change.	e to act in this capacity. I further agree to comply with ete performance of my duties, and I am familiar with and rovided for in Chapter 608, F.S. Or, if this document is				

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
mrs	SMILY BEATTLE	325 5. JANHANY 12:VOC 25LUD 197. 512 60609 BEACH FL 32931	Add Remove
· · · · · · · · · · · · · · · · · · ·		6404 NEMEN PC 32931	Add Remove
	·		Add Remove
			Add Remove
			Add Remove
			Add Remove
D. If amen	ding any other information, enter chan	ge(s) here: (Attach additional sheets, if necessary.)	ı
	•	TO THE ON PINE ON	
		s male, who telephon	
_	number to 32	1 9609161 from 407	8081647.
	Any E more majore	ESS TO PETMA ESASHIQUE.	-Com
Dated 19	1 / 2011 ,	·	_
·	5.3-	-auio	
		er or authorized representative of a member	
	Typed	SEMTTIE d or printed name of signee	

Page 2 of 2

Filing Fee: \$25.00