## (1)8000079640

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(Address)					
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T. CLINE

OCT 2 1 2008

EXAMILER

## **COVER LETTER**

	tion Section of Corporations				
SUBJECT:		Taves Times  Name of Limited Liability Comp		<u></u>	
The enclosed Artic		fee(s) are submitted for filing.	•		
		g this matter to the following:			
	Frank	V. Mon T	E		
		(Name of Perso			
		(Firm/Company	y)		
		y SonA (Address)			
	Wesle	y Chape!, (City/State and Zip)	FC 335 Code)	<i></i>	
For further inform	ation concerning this ma	tter, please call:		20 TA	
Frank	V. MonTE	at ( <u>813</u>	363 - //	86 CECRE	
,	Name of Person)	at (813)  (Are	a Code & Daytime Tele	Phone Number)  SECRE IARY OF STATE OF S	
Enclosed is a chec	k for the following amou	int:			5 3
\$25.00 Filing F	ee \$30.00 Filing Certificate		Fee & Copy copy is enclosed)	Certificate of Status & Certified Copy (additional copy is encl	
	MAILING ADDRESS: Registration Section		REET/COURIER AI	DDRESS:	

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

F 4 3 7 0 4 - K 0	estments	260			
( <u>Name of the Limited Liabil</u> (A Florid	ity Company as it now app a Limited Liability Company	ears on our records.)	<del></del>		
The Articles of Organization for this Limited Liability	Company were filed on _	_	and assigned		
Florida document number _ L 0800007	9640				
This amendment is submitted to amend the following:					
A. If amending name, enter the new name of the li	mited liability company h	<u>iere</u> :			
The new name must be distinguishable and end with the w "L.L.C."	vords "Limited Liability Con	npany," the designation "LI	.C" or the abbreviation		
Enter new principal offices address, if applicable:					
(Principal office address MUST BE A STREET ADI	DRESS)				
Enter new mailing address, if applicable:		A	20		
(Mailing address MAY BE A POST OFFICE BOX)					
			7 7		
		900	RY O		
B. If amending the registered agent and/or regregistered agent and/or the new registered office ad	istered office address or Idress here:	our records, enter th	1		
		, 2			
Name of New Registered Agent:		, 3	デー 35 		
New Registered Office Address:					
	(Enter Florida street address)				
<u></u> .	·	, 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 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 **Title** Name **Address Type of Action** MGR Denise OverTON 27616 SonA Blub Wesley Chapel, FL ☐ Add Remove 🗂 Add Remove ☐ Add Remove D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) Dated\_ Signature of a member or authorized representative of a member Frank V. MonTE

Typed or printed name of signee

Page 2 of 2

Filing Fee: \$25.00