108000084804		
(Requestor's Name) (Address) (Address)	700142131707	
(City/State/Zip/Phone #)	01/29/0901011017 **25.00	
(Business Entity Name) (Document Number) Certified Copies Certificates of Status Special Instructions to Filing Officer:	FILED SECRETARY OF STATE TALLAHASSEE, FLORIDA	
Office Use Only	D. BRUCE JAN 3 0 2009 EXAMINER	

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• .	COVER LETTER				
TO: Registration Section Division of Corport					
SUBJECT: Gustometria, LLC.					
	(Name of Limited Liability Company)				
The enclosed Articles of An	nendment and fee(s) are submitted for filing.				
Please return all corresponde	ence concerning this matter to the following:				
	Dennis H. Lewis (Name of Person)				
	Gustometria (Fim/Company)				
	1800 Pembrook Dr. Suite 300				
	Orlando, FL 32810 Fr 8				
	(City/State and Zip Code)				
For further information concerning this matter, please call:					
For further information concerning this matter, please call: Dennis II. Lewis at 352 227-136363 50 (Name of Person) (Area Code & Daytime Telephone Number)					
(Name of Person) (Area Code & Daytime Telephone Number)					
Enclosed is a check for the following amount:					
S25.00 Filing Fee	Image: Sign of Status Image: Sign of Sign of Status Image: Sign of Sign				

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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 A	MENDMENT
ARTICLES OF O	
OF	
(Name of the Limited Liability Compan (A Florida Limited Li	
The Articles of Organization for this Limited Liability Company w	were filed on Sept. 5th, ZOOB and assigned
Florida document number <u>L0800008480</u> 4	
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
Enter new principal offices address, if applicable:	
(Principal office address MUST BE A STREET ADDRESS)	
	ORIDA
Enter new mailing address, if applicable:	1800 Pembroak Dr.
(Mailing address MAY BE A POST OFFICE BOX)	Suite 300
	Orlando, FL 32810
B. If amending the registered agent and/or registered off registered agent and/or the new registered office address here	

Name of New Registered Agent:	Dennis H. Lewis		
New Registered Office Address:	1800 Pembrook	Dr. Suite 300	
<u>The new posteriou of the new posterious</u> .	(Enter Florida street address)		
	Orlando	Florida 32810	
	(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, <u>enter the title, name, and address of each Manager</u> or Managing Member being added or removed from our records:

i,

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MGR = Manager MGRM = Managing Member

<u>Title</u>	Name	Address	Type of Action		
MGR	Dane Rich	ardson 4327 5. Hwy clermont FL	27. Suite 423 Add 34711 Remove		
			Add Remove		
<u> </u>			Add Remove		
<u></u>			Add Remove		
			Add Remove		
			Add Remove		
D. If an	nending any other informat	ion, enter change(s) here: (Attach additional sh			
			AHASSEE FL		
Dated	23 Jan.	, 2009.	ILATE 18		
		Pennis H. Lewis Typed or printed name of signee	nember		
	Page 2 of 2				

Filing Fee: \$25.00