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(Requestor's Name)	100157226881			
(Address)				
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T. HAMPTON

JUN 2 9 2009

EXAMINER

COVER LETTER

Division of Corporations					
SUBJECT:	LEMOS GROUP INTERNATIONAL LLC				
	Name of Limited Liability Company				
The enclosed Article	s of Amendment and fee(s) are submitted for filing.				
Please return all corre	espondence concerning this matter to the following:				
	MARK H. KNAUF Name of Person				
	MARK H. KNAUF, PA				
	2230 5 MACALL RD				
	ENGLEWOOD FL34224 City/State and Zip Code				
	E-mail address: (to be used for future annual report notification)				
For further information	on concerning this matter, please call:				
MARK Nar	H. KAMUF at 941, 474-5450 me of Person Area Code & Daytime Telephone Number				
Enclosed is a check f	or the following amount:				
\$25.00 Filing Fee	S30.00 Filing Fee & S55.00 Filing Fee & S60.00 Filing Fee, Certificate of Status Certified Copy (additional copy is enclosed) 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

LEMOS (GROUP INTER	RNATIONAL	INC			
(Name of the Limited (A	Liability Company a Florida Limited Liabi	s it now appears o lity Company)	n our records.)			
The Articles of Organization for this Limited Li	ability Company wer	e filed on	9/8/2008	and assigne	ed	
Florida document number L08000085	<u> </u>					
This amendment is submitted to amend the follow	owing:					
A. If amending name, enter the new name of	the limited liability	company here				
The new name must be distinguishable and end wit "L.L.C."	h the words "Limited l	Liability Company,	" the designation "L	LC" or the abbro		
				. 09	NS S	
Enter new principal offices address, if applic	_			<u> </u>	SEC	
(Principal office address MUST BE A STREET ADDRESS)				N	- ₹	
	•			<u> </u>	<u> 유</u> 주	
T				3	OF STATE	
Enter new mailing address, if applicable:		······································			- <u>-</u> ≘≥	
(Mailing address MAY BE A POST OFFICE)	<u>BOX)</u>				- <u>\$</u> m	
B. If amending the registered agent and/or the new registered of Name of New Registered Agent:			records, <u>enter t</u>	he name of th	ie new	
New Registered Office Address:	2230 S MCCALL ROAD					
	Enter Florida street address					
	ENGLEWOOD		, Florida	Florida 34224		
	C	ity		Zip Code		
New Registered Agent's Signature, if changing R I hereby accept the appointment as registered the provisions of all statutes relative to the proceeding the obligations of my position as registering filed to merely reflect a change in the recompany has been notified in writing of this desired.	d agent and agree to roper and complete stered agent as prov registered office add	performance of i idea for in Chap	ny duties, and La ter 608, F.S. Or,	m familiar with if this documer	h and	
	Li Changing	Registered Agent,	ignature of New Res	dstered 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 = Managing Member Title **Name Address** Type of Action **MGR ELKE VON OERTZEN** 4816 TAMARACK TRAIL ☐ Add VENICE FL 34293 Remove **UDO STUEWE** MGR 3840 SESAME STREET 🗹 Add Remove NORTH PORT FL. 34287 ☐ Add ☐ Remove Add Remove □Add Remove Remove D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) Dated authorized representative of a member Harsarek Stueve UVO
Typed or printed name of signee

Page 2 of 2

Filing Fee: \$25.00