Division of Corporations Public Access System

Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H08000275010 3)))



Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

Division of Corporations

Fax Number

: (850)617-6383

From:

Account Name

: AKERMAN SENTERFITT (ORLANDO)

Account Number :

Phone

076656002425 r (407)423-4000

Fax Number

: (407)843-6610

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN

ENVOY MANAGEMENT COMPANY, LLC

Certificate of Status	0
Certified Copy	1
Page Count	03
Estimated Charge	\$55.00

BRUCE

DEC 17 2008

EXAMINER

Electronic Filing Menu

Corporate Filing Menu

Help

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

ENVOY MANAGEMENT COMPANY	Y, LLC	
(Name of the Limited Li	ability Company as it now appears on our records. orida Limited Liability Company))
(ATI	orida Chinica Etabliky Company)	
The Articles of Organization for this Limited Liabi	llity Company were filed on September 26, 2008	and assigned
Florida document number L08000091723	•	
This amendment is submitted to amend the following	ing:	
A. If amending name, cuter the new name of th	e limited liability company here:	
		≥ % 8
The new name must be distinguishable and end with the	ne words "Limited Liability Company," the designation	m "LLC" or the abbreviation
"L.L.C."		EU S T
Enter new principal offices address, if applicable	e:	
(Principal office address MUST BE A STREET A	ADDRESS)	ing m
		C3 = 0
Eater new mailing address, if applicable:		CR & C
(Mailing address MAY BE A POST OFFICE BO.	<u></u>	
B. If amending the registered agent and/or r		er the name of the new
registered agent and/or the new registered office	address nere:	
Name of New Registered Agent:		
Name of New Registered Agent.		
New Registered Office Address:		
	(Enter Florida street	address)
_	, Florida	
	(City)	(Zip Code)

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.

New Registered Agent's Signature, if changing Registered Agent:

(If Changing Registered Agent, Signature of New Registered Agent)

I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with

H08000275010 3

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	Joseph Conte		Add Remove		
MGR	Eugene Curcio		a∐ Add ☑ Romove		
MGR	Jeff Jellerson		Add Remove		
MGRM	ENVOY PARTNERS, LLC		Add Remove		
			Add Remove		
			Add Remove		
D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)					
			OB DEC 16 MI I SEGRETARY OF STA TALLAMASSEE, FLOR		
Dated December	145	duth of sed remainded 200 to 6 a member	STATE OF THE PROPERTY OF THE P		
Patricia M. Flanagan , <u>Authorized Representative of Member</u> Typed or printed name of signec					

Page 2 of 2

Filing Fee: \$25.00