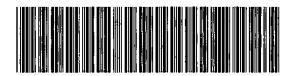
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SECRETARY OF STATE

J. BRYAN
DEC 1 1 2009
EXAMINER

## COVER LETTER

TO: Registration, Section Division of Corporations	
SUBJECT: INESON Holdings of NORTH FLORIDA LLC Name of Limited Liability Company	
The enclosed Articles of Amendment and fee(s) are submitted for filing.	
Please return all correspondence concerning this matter to the following:	
Chaeles Smith Name of Person	
Firm/Company	
2016 IMEYON ROAD BY S	
Address	
Address  JACKSONVILLE, FL 32220  City/State and Zip Code  SPEED RACER 65 @ YMA.T. COM  E-mail address: (to be used for future annual report notification)  For further information concerning this matter, please call:	
TACKSONVILLE, FL 32220  City/State and Zip Code	
SPEED RACER 65 @ PMA.T. COM E-mail address: (to be used for future annual report notification)  75	
E-mail address: (to be used for future annual report notification)	
For further information concerning this matter, please call:	
J01 - 1 - 1	
Name of Person at (904) Tage  Area Code & Daytime Telephone Number	
Nume of Ferson	
Enclosed is a check for the following amount:	
\$25.00 Filing Fee & Certificate of Status  Certificate of Status  Certified Copy (additional copy is enclosed)  \$60.00 Filing Fee, Certified Copy (additional copy is enclosed)	
MAILING ADDRESS: STREET/COURIER 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

				.LC		
(Name of the Limited Liabi (A Florid	iity Company s da Limited Liab	is it now appear ility Company)	s on our	records.)		
The Articles of Organization for this Limited Liability Florida document number <u> </u>	y Company we 7	ere filed on/C	0/15/	2008	and assigned	
This amendment is submitted to amend the following	:					
A. If amending name, enter the new name of the li	imited liability	y company her	<u>e</u> :			
The new name must be distinguishable and end with the v "L.L.C."	words "Limited	Liability Compa	ny," the d	lesignation "	'LLC" or the abbreviation	
Enter new principal offices address, if applicable:	_			<u> </u>	<u> </u>	
(Principal office address MUST BE A STREET AD	DRESS)				B T	
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	- - -			V Sec.	BY OF BEING	
B. If amending the registered agent and/or regressered agent and/or the new registered office a		e address on o	our reco	rds, <u>enter</u>	the name of the ne	
Name of New Registered Agent:	Chuck	Smith		<del></del>		
New Registered Office Address:	2016	IMESON	Rd			
		Enter Florida street address				
_	JAUKS	City		, Florida _	<u> 32220</u>	
		lity			Zip Code	
New Registered Agent's Signature, if changing Registe	ered 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 Registred Agent, Signature of New Begistered Agent

Page 1 of 2

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
MGR	Stephen Star	KE 2016 IMEGON Rd JACKSONVILLE, FL 3226	Add Remove
MGR	Douglas Mc Cox	PORT ST JOHN, FL 32	5+ ⊠ Add 927 □ Remove
			Add Remove
			Add Remove
			Add
			AddRemove
D. If an	nending any other information,	enter change(s) here: (Attach additional sheets, ij	, want
			SECRETARY OF
Dated _	Dec 7		T: 16
	Signatur Stephen	e of a member or authorized representative of a member  M. Stacke  Typed or printed name of signee	

Page 2 of 2

Filing Fee: \$25.00