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(Add	lress)		
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ALLAHASSEF, FI OBIO

FILED 2009 APR -3 PM 1:24

COVER LETTER

OT.

Registration Section
Division of Corporations

SUBJECT: OUTLIN	NED NEEDS LLC			0	
	(Name of Lim	ited Liability Company)	•		
	Amendment and fee(s) are sub endence concerning this matter			,	
	BI-TSO HUNT			200 SE TAL	
		(Name of Person)		9 AP	•
	EASY LIVING MGMT LL	.c		2009 APR -3 SECRETAR'S TALLAHASS	!
		(Firm/Company)		3 P	
	10460 ROOSEVELT BLV	VD N. Ste 208		PM 1:24 Y OF STATE EE, FLORID	
	104001100111111111111111111111111111111	(Address)		24 ATE RID/	
	ST PETERSBURG, FL 3			P	
		(City/State and Zip Code)			
For further information of	oncerning this matter, please c	all:			
BI-TSO HUNT		at (727) 768-3276	 		
(Name	of Person)	(Area Code & Daytime Te	elephone Number)		
Enclosed is a check for the	ne following amount:				
☑ \$25.00 Filing Fee	□\$30.00 Filing Fee & Certificate of Status	□\$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	□\$60.00 Filing Certificate of Certified Control (additional of	of Status &	
Registi Divisio P.O. B	ING ADDRESS: ation Section on of Corporations ox 6327 ussee, FL 32314	STREET/COURIER Registration Section Division of Corporation Clifton Building 2661 Executive Center Tallahassee, FL 32301	ns		

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

OUTLINED NEEDS LLC	Linkiller Common		da \		
(Name of the Limited (A	Florida Limited L	iability Company)	s on our records.		
The Articles of Organization for this Limited Lia Florida document number L08000101655 This amendment is submitted to amend the follo A. If amending name, enter the new name of	ability Company wing:	were filed on OCT		SECRETARY OF STATI	ned
EASY LIVING MGMT LLC				DE F	
The new name must be distinguishable and end with "L.L.C."	the words "Limi	ted Liability Compar	ny," the designation	"LLC" or the abb	reviation
Enter new principal offices address, if applica	ble:	10460 ROOSEV	ELT BLVD N, Ste	208	
(Principal office address MUST BE A STREE)		ST PETERSBU	RG, FL 33716		
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		10460 ROOSEV	ELT BLVD N, Ste	208	
B. If amending the registered agent and/o registered agent and/or the new registered off Name of New Registered Agent: New Registered Office Address:	ice address her	EVELT BLVD N, St (En		ddress) 13716	he new
		(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, enter the title, name, and address of each Manager or Managing Member being added or removed from our records:

MGR = Manager

MGRM = Ma	naging Member		
<u>Title</u>	<u>Name</u>	Address	Type of Action
			Add Remove
			Add Remove
			Add Remove
			Add Remove
<u></u>			Add Remove
			Add Remove
D. If amendin	ng any other information, enter c	hange(s) here: (Attach additional sheets, if necessary.)	2009 APR -3
		SSEE, FLORID	ILED -3 PH 1:24
Dated APRIL 1		0009	
		ember or authorized representative of a member	
_	BI-TSO HUNT T	yped or printed name of signee	

Page 2 of 2

Filing Fee: \$25.00