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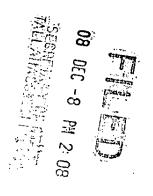
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S. HAWKES

DEC 1 0 2008

EXAMINER

COVER LETTER

TO: Registration So Division of Co		• .	
SUBJECT:L	LIAN INVESTMENT	s lic.	
	(Name of Lim	ited Liability Company)	
The enclosed Articles of	Amendment and fee(s) are sub	omitted for filing.	
Please return all correspo	ondence concerning this matter	to the following:	
	BENJAMIN)). Coいとし、 (Name of Person)	
	LILLIAN INVES	(Firm/Company)	
		(Firm/Company)	
	1409-4 DOUGL	as ST.	
		(Address)	****
	JACKSONVILLE	FL. 32211 (City/State and Zin Code)	
		(City/State and Zip Code)	
For further information of	concerning this matter, please c	all:	
Ben Chor	~	at (904) 384-6444	
(Name	of Person)	at (904) 384 - 0444 (Area Code & Daytime T	elephone Number)
Enclosed is a check for t	he 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 Fee, Certificate of Status & 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

LILLIAN INVESTME	NIS LLC.		
(<u>Name of the Limited Liabilit</u> (A Florida	y Company as it now appears o Limited Liability Company)	n our records.)	-
The Articles of Organization for this Limited Liability	Company were filed on Och.	30,2∞8	_ and assigned
Florida document number L \(\Omega \	21.		
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the lin	nited liability company here:		8
The new name must be distinguishable and end with the we "L.L.C."	ords "Limited Liability Company,	" the designation "LLC	or the abhreviation
Enter new principal offices address, if applicable:	<u></u>	And the second s	
(Principal office address MUST BE A STREET ADD	RESS)	Section 14	
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)			- ω
B. If amending the registered agent and/or registered agent and/or the new registered office ade		records, enter the	name of the new
Name of New Registered Agent:			
New Registered Office Address:			
	(Ente	r Florida street addre	ess)
		, Florida	
	(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 = Managing Member

<u>Title</u>	Name	Address	Type of Action
u <u>gem</u>	BENJAMIN D. CONKLIN	1409-4 DOUGLAS ST JACKSONVILLE FL 32211	Add ☐ Remove
			Add Remove
			Add Remove
			Add Remove
			Add Remove
			Add Amnove
D. If amend	ding any other information, enter chang	e(s) here: (Attach additional sheets, if necessary	- N (-)
Dated D	EC 3 , 2008	3	
	Deutifes Signature of a member	Couling ror authorized representative of a member	<u></u>
	JENNIFER L. (on printed name of signee	

Page 2 of 2

Filing Fee: \$25.00