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(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Business Elinis, Nume)
(Document Number)
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EXAMINER

CQVER LETTER

Division of Corporations	
SUBJECT:	rnges
(Name of Lii	mited Liability Company)
The enclosed Articles of Organization and fee(s) a	tre submitted for filing.
Please return all correspondence concerning this n	natter to the following:
Wend	CILS Anderson
Changes	Changes N Motion (Firm/Company)
11512 Lake	Mead Ave. Suite 600
JACKSON VILL	e FLorida 32256 City/State and Zip Code)
For further information concerning this matter, ple	ease call:
Wendy Anderson (Name of Person)	at (904) 998-22125 & S
Enclosed is a check for the following amount:	/
\$125.00 Filing Fee \$\ \text{Certificate of Status}	Certified Copy (additional copy is enclosed) \$160.00 Filing Certificate of Status & Certified Copy (additional copy is enclosed)
Mailing Address Registration Section Division of Corporation P.O. Box 6327	Street/Courier Address Registration Section Division of Corporations Clifton Building

2661 Executive Center Circle Tallahassee, FL 32301

P.O. Box 6327 Tallahassee, FL 32314

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FLORIDA DEPARTMENT OF STATE Division of Corporations

November 24, 2008

WENDELL S. ANDERSON 11512 LAKE MEAD AVE, STE 600&603 JACKSONVILLE, FL 32256

SUBJECT: CHANGES LLC Ref. Number: W08000052996

We have received your document for CHANGES LLC and your check(s) totaling \$160.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The name designated in your document is unavailable since it is the same as, or it is not distinguishable from the name of an existing entity. Section 608.406, Florida Statutes, was amended effective July 1, 2007, to require the name of a limited liability company to be distinguishable from the names of all other filings filed with the Division of Corporations, except for fictitious name registrations and general partnership registrations.

Please select a new name and make the correction in all the appropriate places. One or more words may be added to make the name distinguishable from the one presently on file. Adding of Florida or Florida to the end of the name is now acceptable. A search for name availability can be made on the Internet through the Division's records at www.sunbiz.org.

Please note the name of a limited liability company must end with the words Limited Liability Company, the abbreviation L.L.C., or the designation LLC. The word Limited may be abbreviated as Ltd. and the word Company may be abbreviated as Co. The following suffixes are no longer acceptable: Limited Company, L.C., and LC.

The document number of the name conflict is P07000045542.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6097.

Marsha Thomas Regulatory Specialist II

Letter Number: 008A00058234

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:	
Changes N Motio (Must end with the words "Limited Liability Co	Company, "L.L.C.," or "LLC.")
ARTICLE II - Address: The mailing address and street address of the princ	ipal office of the Limited Liability Company is:
Principal Office Address:	Sailing Address:
11512 LAKE Mead Suite 600 × 603 JACKSON VIIIE FL 32256-	Same as
ARTICLE III - Registered Agent, Registered Of (The Limited Liability Company cannot serve as its own Registered business entity with an active Florida registration.)	Agent. You must designate an individual or another
The name and the Florida street address of the regis	
Mendell Name 174 Provide street address Middle bung City, State, and I	Anderson Anderson Ampier St. (P.O. Box NOT acceptable) L 32068 Zip

Having been named as registered agent and to accept service of process for the above stated limited liability company at the place designated in this certificate, 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 relating 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..

Registered Agent's Signature (REOUIRED)

(CONTINUED)
Page 1 of 2

ARTICLE IV- Manager(s) or Managing Member(s):

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The name and address of each Manager or Managing Member is as follows:

<u>Title:</u> "MGR" = Manager	Name and Address:
"MGRM" = Managing Member	•
<u>mar</u>	Wendell Andersow 1714 Dampier Street Middle burg 6 32068
MGR	Kimberly Sellars 1668 Mangaret's WACK Rd. Fleming Island FL. 32002
	<u> </u>
	STORE TALLAHA
(Use attachment if necessary)	AM 9: 49
ARTICLE V: Effective date, if other than the (If an effective date is listed, the date must b to or 90 days after the date of filing.)	e date of filing: NOV, 19 2008. (OPTIONAL) se specific and cannot be more than five business days prior

REQUIRED SIGNATURE:

Signature of a member or an authorized representative of a member.

(In accordance with section 608.408(3), Florida Statutes, the execution of this document constitutes an affirmation under the penalties of perjury that the facts stated herein are true.)

Typed or printed name of signee

Filing Fees:

\$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent

- \$ 30.00 Certified Copy (Optional)
- \$ 5.00 Certificate of Status (Optional)