08000113/00

| (Requestor's Name) |
|---|
| (Address) |
| (Address) |
| (City/State/Zip/Phone #) |
| PICK-UP WAIT MAIL |
| (Business Entity Name) |
| (Eddinoss Ends) (Vario) |
| (Document Number) |
| Certified Copies Certificates of Status |
| Special Instructions to Filing Officer: |
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Office Use Only



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**25.00

SECRETARY OF STATE DIVISION OF CORPORATION

T. HAMPTON

JUN 2 8 2010

EXAMINER

COVER LETTER

| TO: Registration Section Division of Corporations |
|--|
| SUBJECT: Conexo 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: |
| Randall L. Murphy Name of Person |
| Conexo LLC Firm/Company |
| 705 Great Egret Way |
| Ponte Vedra Bel F1 32082 City/State and Zip Code |
| E-mail address: (to be used for future annual report notification) |
| For further information concerning this matter, please call: |
| Randall L. Murphy at (904) 237-6288 Name of Person Area Code & Daytime Telephone Number |
| Enclosed is a check for the following amount: |
| \$25.00 Filing Fee \$\ \text{Certificate of Status}\$\$ Certificate of Status \$\ \text{Cadditional copy is enclosed}\$\$ Certified Copy (additional copy is enclosed)\$\$ Certified Copy (additional copy is enclosed)\$\$ Certified Copy (additional copy is enclosed)\$\$ \$\ \text{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

| Conexo L | LC | | | |
|---|---|-----------------------------|-------------------------|--|
| (Name of the Limited Liability (A Florida L | Company as it now appears imited Liability Company) | on our records.) | | |
| The Articles of Organization for this Limited Liability Co. | | 2/11/2008 | and assigned | |
| This amendment is submitted to amend the following: | | í | | |
| A. If amending name, enter the new name of the limit | ted liability company here | : | | |
| The new name must be distinguishable and end with the word "L.L.C." | ds "Limited Liability Compan | y," the designation "LL | C" or the abbreviation | |
| Enter new principal offices address, if applicable: | | | <u> </u> | |
| (Principal office address MUST BE A STREET ADDR | ESS) | | 5 | |
| Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) | | | FILED S ON OF CORPOR | |
| B. If amending the registered agent and/or registored agent and/or the new registered office addr | | ur records, <u>enter th</u> | e name of the new | |
| Name of New Registered Agent: | | | | |
| New Registered Office Address: | *** | | | |
| | Enter Florida street address | | | |
| | | , 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 | <u>Address</u> | Type of Action |
|--|---|--|--|
| <u>MGR</u> n | Randall L. Murphy | 705 Great Esret Way Ponte Vedra Bil, Fl 32082 | Add Remove |
| MGRM | Peter E. Murphy | 205 Great Egyet Way Pante Velva Beb, Fl 32087 | Add Remove |
| Mem | Christopher R. Murphy | 705 Great Egyet Way Ponte Vedra Boh, F1 32082 | _☑ Add _□ Remove |
| - Control of the Cont | | | Add Remove |
| | | | _□Add _□Remove |
| | | | Add Remove |
| D. If amendin | g any other information, enter change(s | s) here: (Attach additional sheets, if necessary.) | ··· |
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| Market 11 - 2 - 1 | | | ECRETAR ISION OF O |
| ****** | | | - %≺⊑ |
| Dated 6 | 124 ,201 | <u> </u> | OF STATE ORPORATIO PM 1:50 |
| | Raull d. M | rauthorized representative of a member | |
| _ | Randall L. Mia | printed name of signee | |

Page 2 of 2

Filing Fee: \$25.00