108000113889

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



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D. BRUCE
AUG 0 \$\frac{2}{2} 2010

EXAMINER

COVER LETTER

TO: ' Registration Section

| Division of Co | rporations | | | |
|----------------------------|--|--|--------------------------|-------------------------------------|
| SUBJECT: | | ory System Investo | ors | |
| | Name of Lim | ited Liability Company | | |
| The enclosed Articles of | Amendment and fee(s) are sul | bmitted for filing. | | |
| Please return all corresp | ondence concerning this matter | r to the following: | | |
| | | Theodore R. Lindsay | | |
| | | Name of Person | | |
| | Audrey Memory System Investors, LLC | | | |
| | | Firm/Company | | |
| | 1040 SE 80th Street | | | |
| Address | | | | |
| | | Ocala, FL 34480 | | |
| | | City/State and Zip Code | , | A 6 |
| | E-mail address: (| to be used for future annual repo | ort notification) | AH AH |
| For further information | concerning this matter, please of | • • • | , | UG-4 PM |
| r' | - | can. | | MY P |
| | dore R. Lindsay | at (352) | 817-5032 | |
| Name | of Person | Area Code & | Daytime Telephone Number | 4 PM 3: 25 AYOF STATE SEE: FLORIBA |
| 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 er | nclosed) Certified (| of Status & |
| Regist Divisi P.O. B | LING ADDRESS: ration Section on of Corporations fox 6327 assee, FL 32314 | Registration Division of Clifton Buil 2661 Execu | Corporations | |

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

| Audrey Memory Sys | tem Investor | s, LLC | | |
|--|--|--------------------------|--|--|
| (<u>Name of the Limited Liability Compa</u> (A Florida Limited I | ny as it now appea Liability Company) | rs on our records.) | | |
| The Articles of Organization for this Limited Liability Company | were filed on | 12/15/2008 | and assigned | |
| Florida document numberL08000113889 | | | | |
| This amendment is submitted to amend the following: | | | | |
| A. If amending name, enter the new name of the limited liab | ility company he | <u>re</u> : | | |
| - | | | | |
| The new name must be distinguishable and end with the words "Limi" L.L.C." | ted Liability Comp | any," the designation "l | LLC" or the abbreviation | |
| Enter new principal offices address, if applicable: | ······ | | | |
| Principal office address MUST BE A STREET ADDRESS) | | | | |
| | | | 200 | |
| | | | CA A | |
| Enter new mailing address, if applicable: | | | A TO | |
| (Mailing address MAY BE A POST OFFICE BOX) | | | SER + | |
| ************************************** | | | 3 111 | |
| | | | <u>දු</u> දා ලබ | |
| B. If amending the registered agent and/or registered of | fice address on | our records, enter | (1/1/20) · · · · · · · · · · · · · · · · · · · | |
| registered agent and/or the new registered office address her | <u>e</u> : | 2 | | |
| | | | | |
| 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> **Address** Type of Action Name 1 MGR Aleksandar Petrovic 1200 NW 87th Avenue **✓** Add Apartment # 110 Remove Coral Springs, FL 33071 Remove ∏Add Remove ∏ Add Remove □Add Remove \square Add Remove D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) 30 Dated July Signature of a member of authorized representative of a member Theodore R. Lindsay Typed or printed name of signee

Page 2 of 2

Filing Fee: \$25.00