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Office Use Only



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T. CLINE
FEB 10 2009
EXAMNER

COVER LETTER

Division of Cor	rporations		•	
SUBJECT: Atl	as Souther (Name of Lim	n Relocation (<u>LC</u>	
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.		
Please return all correspo	ondence concerning this matter	to the following:		
F				
	Kimberl	y Chabrier (Name of Person)	<u>·</u> .	
•			•	
		(Firm/Company)	**************************************	
	,			
	2525 N St	ateRd 7, STE.10	A 001 - 00	
	Hollywood	FL 33021 (City/State and Zip Code)	2009 FEB SECRET TALLAHI	د اوجون پار
		•	ASS	7
For further information of	concerning this matter, please co	all:	m -<	ŗ-
Kimberly (Nath	habrier of Person)	at (<u>154</u>) 423-201 (Area Code & Daytime Tele	ephone Number) RDF STATE	1
	· · · · · · · · · · · · · · · · · ·	(ephone Number)	
Enclosed is a check for t	he following amount:			
	_	Desc of Billing	5 000 00 511 - 5	
\$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:

TO:

Registration Section

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

(A Florida Limited Liability Company) The Articles of Organization for this Limited Liability Company were filed on December 17, 2008 and assigned 08000115220 Florida document number This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: The new name must be distinguishable and end with the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C." Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS) Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here: Name of New Registered Agent: New Registered Office Address: (Enter Florida street address)

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, <u>enter the title, name, and address of each Manager or Managing'Member being added or removed from our records</u>:

<u>itle</u>	<u>Name</u>	Address	Type of Action
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	ding any other information, enter c	hange(s) here: (Attach additional sheets, if necessary	·.)
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Filing Fee: \$25.00