(Requestor's Name)				
(Address)				
(Address)				
(Ci	ty/State/Zip/Phone	. #)		
(C)	.,, Otate, Zipii none	• • • •		
PICK-UP	TIAW	MAIL		
· (Bu	isiness Entity Nam	ne)		
(Document·Number)				
Certified Copies	Certificates	of Status		
Special Instructions to	Filing Officer:			

G. MCLEOD

JUL - 6 2009

EXAMINER



300157052853

06/12/09--01039--020 **35.00

COVER LETTER Registration Section TO: Division of Corporations 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: Name of Person Firm/Company City/State and Zip Code E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: Area Code & Daytime Telephone Number

England in the ball the following amount:

S25.00 Filing Fee

\$30.00 Filing Fee & Certificate of Status 7\$55.00 Filing Fee & Certified Copy (additional copy is enclosed)

CONTRACTOR CONTRACTOR

]\$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

SECRETARY OF COLOR

09 JUL -2 AMII: 59

AR GODEFROY LL	<u></u>	<u>-</u>				
(Name of the Limited La (A Flo	rida Limited Li	ability Con	npany)	BF PECOPUS.)		
The Articles of Organization for this Limited Liabil	ity Company	were filed	on	01/2009	and assigned	
Florida document number <u>L0900000</u>	425		,		•	
This amendment is submitted to amend the following	ng:	,	in the season		•	e i i i i i i i i i i i i i i i i i i i
A. If amending name, enter the new name of the	limited liabi	lity comp	iny here:			
·		٠.				
The new name must be distinguishable and end with the "L.L.C."	e words "Limite	ed Liability	Company," th	te designation "LL	C* or the abbreviat	ion
Enter new principal offices address, if applicable):					
(Principal office address MUST BE A STREET A	DDRESS)		5A	ME _		-
Enter new mailing address, if applicable:			·			- -
(Mailing address MAY BE A POST OFFICE BOX)		9AME				
B. If amending the registered agent and/or r registered agent and/or the new registered office			s on our re	cords, enter the	name of the m	<u> </u>
Name of New Registered Agent:	, jarre	و المراجعة	iday salah day sa	त्रात्र कुल्मिक् कुक्ता हुत्या है। -		چره م ورد به موند استا ن وده . —
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

MGR = Manager

· · · · · · ·	
If amonding the Managers on Managing Managers on an arranged	r records, enter the title, name, and address of each Manager
II THERITME THE MEMBERS OF MEMBERS MEMBERS OF OR OT	r records, enter the title, bethe, and address of each Monoger
	The state of the s
or Managing Member being added or removed from our	-accade:
ON LATHER STATE TATE OF THE PROPERTY OF THE STATE OF THE OWNER.	recorus:

MGRM = N	ianaging Member		
Title	Name	Address	Type of Action
MGR	ANTDINE F. GODEFROY	Holly wood Fl 33020	Add Remove
MGRM	ROSE P. GODEFROY	1420 S. 24 TERR Hothywood FI 33020	Add Remove
			Add Remove
			Add Remove
			Add Remove
	· · · · · · · · · · · · · · · · · · ·		Add Remove
D. If amend	ing any other information, enter change(s	s) here: (Attach additional sheets, if necessary.)	
<u>~</u>	Y NAME AS the DI	would like to Liste were of company	
Dated	Andre bodala- Signature of a nomber or ANTRINE F. GODE FROM Typed or	9	
	HNTDING F. GODEFRO	printed name of signee	

Page 2 of 2

Filing Fee: \$25.00