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DIVISION OF CORPORATION

OF NOV.-5 AM II: 39

T. HAMPTON

NOV - 6 2009

EXAMINER

COVER LETTER

	tration Se on of Cor	ction porations				
SUBJECT: _		1	LII, LLC			
			ited Liability Company			
		·				
The enclosed A	rticles of	Amendment and fee(s) are sul	omitted for filing.			
Please return al	l correspo	endence concerning this matter	r to the following:			
			Thomas H Morrow	, 		
			Name of Person			
			Firm/Company			
		6	810 Cypress cove Cir.	**************************************		
			Address			
	Jupiter, FL 33458 City/State and Zip Code					
			City/back and Zip Code			
		E-mail address: (to be used for future annual report no	diffication)		
For further info	rmation c	oncerning this matter, please of	call:			
		nas H Morrow	at (_561)	254-6777		
	Name o	f Person	Area Code & Dayt	ime Telephone Number		
Enclosed is a ch	neck for th	ne following amount:				
\$25.00 Filin	g Fee	\$30.00 Filing Fee & Certificate of Status	\$55.00 Filing Fee & Certified Copy (additional copy is enclose	Sed) \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)		
	Registr Divisio P.O. Bo	ING ADDRESS: ation Section n of Corporations ox 6327 ussee, FL 32314	STREET/COU Registration Sec Division of Corp Clifton Building 2661 Executive Tallahassee, FL	oorations Center Circle		

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

	LII, LLC			
(Name of the Limited Lia	ability Company as it now apported Limited Liability Company	ears on our records.)		
(A1)	mea Billited Blasting Compan	,		
The Articles of Organization for this Limited Liabi	lity Company were filed on _	January 13,2009	_ and assigned	
Florida document numberL090000365	51			
This amendment is submitted to amend the following	ng:			
A. If amending name, enter the new name of th	e limited liability company l	nere:		
The new name must be distinguishable and end with the "L.L.C."	e words "Limited Liability Con	npany," the designation "LL	C" or the abbreviation	
Enter new principal offices address, if applicable	e:			
(Principal office address MUST BE A STREET A	(DDRESS)	· · · · · · · · · · · · · · · · · · ·		
	<u> </u>		SION	
			9 055	
Enter new mailing address, if applicable:		<u></u>	<u>ပ် ဥ</u> က္က	
(Mailing address MAY BE A POST OFFICE BO	<u>X)</u>		글 광유	
			RA RA	
B. If amending the registered agent and/or		n our records, enter the	name of the new	
registered agent and/or the new registered office	address nere:			
Name of New Projectored Agents				
Name of New Registered Agent:			············	
New Registered Office Address:		Enter Elevide street addre		
	Enter Florida street address			
-	City	, Florida	Zip Code	
	City		zip Coae	

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 **Address Type of Action** <u>Title</u> Name **MGRM** Thomas H Morrow 6810 Cypress Cove Cir. ☐ Add Jupiter, FL 33458 Remove ☐ Add ☐ Remove ☐ Add ☐ Remove ☐ Add Remove □Add Remove ∏Add Remove D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) 2009 October 30 Signature of a member or authorized representative of a member Thomas H Morrow Typed or printed name of signee

Page 2 of 2

Filing Fee: \$25.00