Division of Corporations Electronic Filing Cover Sheet

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To:

Division of Corporations

Fax Number

: (850)617-6383

From:

Account Name : MACFARLANE FERGUSON & MCMULLEN (CLEARWATER)

Phone

Account Number : 071005001001

Fax Number

: (727)441-8966 : (727)442-8470

**Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please. **

Email Address:

jum@macfar.com

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN PREPLOGIC, LLC

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J. BRYAN

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Corporate Filing Menu

Help OCT 2 6 2010

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COVER LETTER

Division of Co			
SUBJECT:	PREF	PLOGIC, LLC	,
		ited Liability Company	
The enclosed Articles o	of Amendment and fee(s) are sul	omitted for filing.	
Please return all corresp	pondence concerning this matter	to the following:	
	J. MAT	THEW MARQUARDT, ESQ.	
		Name of Person	_
	MACFARLA	NE FERGUSON & MCMULL	EN TALL
		Firm/Company	P. C. T.
	625 CC	OURT STREET, SUITE 200	DCT 25 M 7: 57 LANIASSEE, FLORID
		Address	
	CLI	EARWATER, FL 33756	7:5
		City/State and Zip Code	DET 37
		jmm@macfar.com to be used for future annual report notifica	· · · · · · · · · · · · · · · · · · ·
•		;	uon <i>)</i>
For further information	concerning this matter, please of	call:	
J. MATTHE	W MARQUARDT, ESQ.		41-8966
Name	of Person	Area Code & Daytime T	elephone Number
Enclosed is a check for	the following amount:		
∑ \$25.00 Filing Fee		\$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: 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

H10000233184 3

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

PREPLOGIC LLC

(Name of the Limited Li (A Fi	ability Company as it now appeared Limited Liability Company	nars on our records.)	
The Articles of Organization for this Limited Liabi Florida document number L090000520	ility Company were filed on _	01/09/2009	and assigned
This amendment is submitted to amend the following	ing:	,	SSEE THE
A. If amending name, enter the new name of th	e limited liability company h	ere:	Only
The new name must be distinguishable and end with the "L.L.C."	he words "Limited Liability Com	pany," the designation "	LLC" or the abbreviation
Enter new principal offices address, if applicabl	le:		
(Principal office address MUST BE A STREET A	ADDRESS)		
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BO	200		
B. If amending the registered agent and/or registered agent and/or the new registered office		our records, enter	the name of the ne
Name of New Registered Agent:			
New Registered Office Address:	F	nter Florida street add	iress
	~		
-	City	, Florida	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

MGRM = Managing Member

MACFARLANE FERGUSON

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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:

Type of Action Title Name <u>Address</u> MGRM 206 HOLDINGS, LLC 1300 North Westshore Blvd., Ste. 125 ∏ Add Remove Tampa FL 33607_ 1300 North Westshore Blvd., Ste. 125 Tampa, EL. 33607 JAY GANDEE MGR [7] Add Remove D5A 🔲 Remove □ Add Remove DDA Remove Mdd Remove D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) 2010 Dated_ ignature of a member or authorized representative of a member J. MATTHEW MARQUARDT, ESQ.

Typed or printed name of signee
Page 2 of 2

Filing Fee: \$25.00

H10000233184 3 :