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M. THOMAS

JAN 28 2009

EXAMINER

COVER LETTER

TO:	Registration Sec Division of Corp			, , , , , , , , , , , , , , , , , , ,
SUBJE	:CT:l	L.G. Associates,L (Name of Lim	LC. ited Liability Company)	 0 .
				•
The end	closed Articles of A	Amendment and fee(s) are sub	mitted for filing.	
Please	return all correspor	ndence concerning this matter	to the following:	
		Laurie Lynn Godie		
			(Name of Person)	
			(Firm/Company)	O9 JAN 27 AN 19: 27 SECRETARISE PLORID TALLARIAS SECRETARISE
		153 South Cypress Roa	d	H27
			(Address)	100 星
		Pompano Beach, Fl.	33062 (City/State and Zip Code)	
			(City/State and Zap Code)	D(1)
For fur	ther information co	ncerning this matter, please c	all;	
Begg	s, William F		at ()	
	(Name of	f Person)	(Area Code & Daytime T	'elephone Number)
Enclose	ed is a check for the	e following amount:		
\$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:

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

L.L.G. ASSOCIA		
(<u>Name of the Limited Liability</u> (A Florida	Company as it now appears on our records Limited Liability Company)	<u>)</u>
The Articles of Organization for this Limited Liability C	Company were filed on01/21/2009	and assigned
Florida document number L09000006686	·	
This amendment is submitted to amend the following: A. If amending name, enter the new name of the lim	ited liability company here:	09 JAH 27
	need madritty company nerv.	9000 3
The new name must be distinguishable and end with the wor "L.L.C."	rds "Limited Liability Company," the designation	on "LLC" or the abbreviation
Enter new principal offices address, if applicable:		<u>ģ</u> m
(Principal office address MUST BE A STREET ADDI	RESS)	
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		
B. If amending the registered agent and/or registered agent and/or the new registered office add		ter the name of the new
Name of New Registered Agent:		
New Registered Office Address:		
	(Enter Florida stree	et address)
	, Florid	8
	(Citv)	(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

Title Name Address Type of Action

MGRM Laurie Lynn Godie Add Remove

Name Misspelled Add Remove

Add Remove

Add Remove

D.	If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)				
	Name Misspelled				
	· · · · · · · · · · · · · · · · · · ·				
Da	ited 01/22/2009				
	Laurie Rynn Godie				
	Signature of a member or authorized representative of a member				

Typed or printed name of signee

Laurie Lynn Godie

Page 2 of 2

Filing Fee: \$25.00