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DEPARTMENT OF STATE

DIVISION OF CORPORATION

B. KOHR

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EXAMINER

COVER LETTER

TO:	Registration Se Division of Co		·	•
SUBJE	FCT•	ECLIPSE	OF MIAMI, LLC	
SODGE			ted Liability Company	
The en	closed Articles of	Amendment and fee(s) are sub	omitted for filing.	09 40 V
Please	return all correspo	ondence concerning this matter	to the following:	£3, 6
GREG COLLINS Name of Person				OS MON C.S. M. S.
EAS			EASY LICENSE, LLC Firm/Company	
			PO BOX 180005	
		TAI	Address LAHASSEE, FL 32318	
			City/State and Zip Code	
_ ^		·	to be used for future annual report notif	ication)
For fur	ther information of	concerning this matter, please o	eall:	
		EG COLLINS of Person	at (850) Area Code & Daytim	745-0391 ne Telephone Number
		he following amount:		
₹ \$25	5.00 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)
	Regist Divisio P.O. B	ING ADDRESS: ration Section on of Corporations lox 6327 assee, FL 32314	STREET/COURI Registration Section Division of Corpo Clifton Building 2661 Executive Co Tallahassee, FL 32	on rations enter Circle

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF



ECLIPSE OF MIAMI, LLC

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

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 "LLC". 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 neregistered agent and/or the new registered office address here: Name of New Registered Agent: New Registered Office Address: Enter Florida street address	The Articles of Organization for this Limited Liability Company	were filed on	01/22/2009	and assigned
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 "LLC". 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 neregistered agent and/or the new registered office address here: Name of New Registered Agent: New Registered Office Address: Enter Florida street address Florida	Florida document numberL0900007038			
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(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 ne registered agent and/or the new registered office address here: Name of New Registered Agent: New Registered Office Address: Enter Florida street address		ited Liability Comp	any," the designation "L	LC" or the abbreviation
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 ne registered agent and/or the new registered office address here: Name of New Registered Agent: New Registered Office Address: Enter Florida street address Florida	Enter new principal offices address, if applicable:	8362 PINES	BLVD. SUITE 106	3
B. If amending the registered agent and/or registered office address on our records, enter the name of the ne registered agent and/or the new registered office address here: Name of New Registered Agent: New Registered Office Address: Enter Florida street address Florida	(Principal office address MUST BE A STREET ADDRESS)	PEMBROKE	PINES, FL 33024	
B. If amending the registered agent and/or registered office address on our records, enter the name of the ne registered agent and/or the new registered office address here: Name of New Registered Agent: New Registered Office Address: Enter Florida street address Florida				
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Name of New Registered Agent: New Registered Office Address: Enter Florida street address Florida	(Mailing address MAY BE A POST OFFICE BOX)	PEMBROKE	E PINES, FL 33024	<u> </u>
	Name of New Registered Agent:	re:	nter Florida street add	
		City	, FIOFIGA	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, <u>enter the title, name, and address of each Manager or Managing Member being added or removed from our records</u>:

MGR = Manager MGRM = Managing Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
VMGR	OSTERKAMP, DAV	ID 7171 COOLIDGE STREET HOLLYWOOD, FL 33024	Add ✓ Remove
			Add Remove
			Add Remove
			Add Remove
	<u></u>		AddRemove
			AddRemove
D. If amend	ling any other information,	enter change(s) here: (Attach additional sheets, if necessor	ary.)
— Detail	November 24	. 2009	
Dated	14/		
2	Summer	of a member or authorized representative of a member	
		DAVID OSTERKAMP Typed or printed name of signee	

Page 2 of 2

Filing Fee: \$25.00