

Office Use Only

G. MCLEOD

FFR 1 5 2010

**EXAMINER** 



200168312302

02/10/10--01007--006 \*\*25.00

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DIVISION OF CORPORATION

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

**OF** The Articles of Organization for this Limited Liability Company were filed on 01/26/2009 and assigned Florida document number LO900007725 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 "L.L.C." 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 new registered agent and/or the new registered office address here: Name of New Registered Agent: New Registered Office Address:

## 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.

City

If Changing Registered Agent, Signature of New Registered Agent

Enter Florida street address

Florida

Zip Code

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

<u>Title</u>	<u>Name</u>	Address	Type of Action
MGRM	Hilda L Alexander	2961 Centerwood DR N Jackson VIIIe, FL 32218	Add Remove
<u></u>			Add Remove
			Add Remove
			Add Remove
			Add Remove
			Add Remove
D. If amen	ding any other information, enter ch	hange(s) here: (Attach additional sheets, if necessary	.) 
— —	December 04	2009	
Dated	1 1	ember of authorized representative of a member	
	Christopne C	yped or printed name of signee	

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Filing Fee: \$25.00