L09000009754

| (Re | equestor's Name) | | |
|---|-----------------------|---------------------------|--|
| (Ac | ldress) | | |
| (Ac | ldress) | | |
| | | | |
| (Ci | ty/State/Zip/Phone #) | | |
| PICK-UP | WAIT | MAIL | |
| · (Bu | siness Entity Name) | £ - (2)_ | |
| (Do | ocument Number) | t | |
| Certified Copies | _ Certificates of | Status <u>vi ad orisi</u> | |
| Special Instructions to Filing Officer: | | | |
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Office Use Only



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T. HAMPTON
JUL 8 0 2009
EXAMINER

COVER LETTER

| TO: | Registration Section Division of Corporations | |
|---------|--|--|
| SUBJI | Name of Limited Liability Company | |
| The en | closed Articles of Amendment and fee(s) are submitted for filing. | |
| Please | return all correspondence concerning this matter to the following: | |
| | SHARON M. TAHANEY Name of Person | |
| | GROWTH PARTNERSHIPS LLC Firm/Company | |
| | 2939 SUNBITTERN CT. | |
| | City/State and Zip Code | |
| | E-mail address: (to be used for future annual report notification) | |
| For fur | ther information concerning this matter, please call: | |
| _5 | Name of Person at (407) 493 -1999 Area Code & Daytime Telephone Number | |
| Enclos | ed is a check for the following amount: | |
| \$25 | 5.00 Filing Fee Certificate of Status & Certified Copy (additional copy is enclosed) 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

| (Name of the Limited Liability Compa | SHIPS LLC | | |
|---|---|----------|------------|
| (Name of the Limited Liability Compa (A Florida Limited I | _iability Company) | | |
| The Articles of Organization for this Limited Liability Company | | signed | |
| Florida document number 26-4153111 / | L09000009754 | | |
| This amendment is submitted to amend the following: | | | |
| A. If amending name, enter the new name of the limited liab | oility company here: | | |
| | | | |
| The new name must be distinguishable and end with the words "Limit" L.L.C." | ited Liability Company," the designation "LLC" or the | abbrevia | ation = |
| Enter new principal offices address, if applicable: | • | ر 60 | 13!V |
| Principal office address MUST BE A STREET ADDRESS | | = | 記る |
| | | 29 | SEX |
| | | 2 | 유무 유도 |
| Enter new mailing address, if applicable: | | = | ~~~ |
| (Mailing address MAY BE A POST OFFICE BOX) | | _ ည | OF S |
| B. If amending the registered agent and/or registered of | ffice address on our records, enter the name | of the I | — new |
| registered agent and/or the new registered office address her | | <u> </u> | 11011 |
| Name of New Registered Agent: | | | |
| | | | _ |
| New Registered Office Address: | Enter Florida street address | | |
| | , Florida | | |
| | City Zin Cod | la | |

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 <u>Title</u> <u>Address</u> **Type of Action Name** PATRICK E TAHANEY 2939 SUNBITTERN CT. MGR WINDERMERE, FL 34786 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.) Dated Signature of a member or authorized representative of a member SHAPON M. TAHANEY
Typed or printed name of signee

Page 2 of 2

Filing Fee: \$25.00