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	(Requestor's Name)			
(Address)				
(Address)				
((City/State/Zip/Phone #)			
PICK-UF	P WAIT MAIL			
	(Business Entity Name)			
(Document Number)				
Certified Copies	Certificates of Status			
Special Instructions to Filing Officer:				





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SECRETARY OF STATE
SECRETARY OF STATE

J. BRYAN

MAR 1,6 2009

EXAMINER

Cover

Phense Contact:

MARK LAinch Bury.

11815 Estates Chis DI. A 15277

ORLANDS, FL 32825

Phone: 40> 350. 7335

O9 MAR 13 PM 1: 33
SECRETARY OF STATE

Mank You.

COVER LETTER

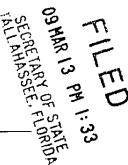
TO: Registration Sec Division of Corp			
SUBJECT: Ide	(Name of Limi	ted Liability Company)	·
The enclosed Articles of A	Amendment and fee(s) are sub	nitted for filing.	7.00 7.00
Please return all correspon	ndence concerning this matter t	to the following:	强善工
	MARK 2 Ideal Into	(Name of Person) (Name of LLC	13 PM 1: 33 TARY OF STATE ASSEE. FLORID
			, , , , , , , , , , , , , , , , , , ,
	11815 250	Attes Club Dr. H	1322
	ORLANDS, F	(City/State and Zip Code)	
For further information co	oncerning this matter, please ca	ıll:	
MARK LAIY (Name o	nch Bury f Person)	at (467 350 - 7	
Enclosed in a check for th	e following amount:		
\$25.00 Filing Fee	□\$30.00 Filing Fee 後 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 ADD'RESS:

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 Company as it now appears on our records.)
(A Florida Limited Liability Company) The Articles of Organization for this Limited Liability Company were filed on Florida document number 40900020379 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: (Enter Florida street 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)

. 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 **Title** Name <u>Address</u> **Type of Action** STEVEN CALIL Remove Celescation. ☐ Add Remove ☐ Add 🛅 Remove 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 Typed or printed name of signee

Page 2 of 2

Filing Fee: \$25.00