L0900022724

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

Office Use Only



000145509090

04/06/09--01052--024 **85.00



S. HAWKES

APR - 7 2009

EXAMINER

COVER LETTER

TO: Registration Section Division of Corporati	ions ·					
SUBJECT:	7 Cy L (ed Liability Company)				
The enclosed Articles of Amend	dment and fee(s) are subm	nitted for filing.				
Please return all correspondence concerning this matter to the following:						
	Helen Pr	(Name of Person)				
	Lausia	(Firm/Company)	XUS E			
• .	2914 Ho	Address)	······································			
	Debod, Fr	(City/State and Zip Code)				
For further information concerning this matter, please call:						
Taibe Holl	en) Y	at (386) 738-21 (Area Code & Daytime T	elephone Number)			
Enclosed is a check for the follo	owing 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

Liability Company as it now appears on our records.)
Florida Limited Liability Company) The Articles of Organization for this Limited Liability Company were filed on MARCH 09 2009 and assigned Florida document number L (2000) 22 724 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 "Ł.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) (City)

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 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 = Man MGRM = M	nager anaging Member		
<u>Title</u>	<u>Name</u>	Address	Type of Action
Molm	Cy Holley	Deland, Fr. 32720	Add Remove
<u>ngrm</u>	Helen Page Holley	2014 Honton Rel De Ward, FC 32720	Add Remove
			Add Remove
			Remove a
•			Add Remove
***************************************			12: 35 Add Remove
D. If amendi	ing any other information, enter change	e(s) here: (Attach additional sheets, if necessa	ry.)
Dated	Hele (1)	J. and Soll	
	Helen Paid	or authorized representative of a member	

Page 2 of 2

Filing Fee: \$25.00