

Division of Corporations Public Access System

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Division of Corporations

: (850)617-6383 Fax Number

Account Name : EMPIRE CORPORATE KIT COMPANY

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Account Number : 072450003255 : (305)634-3694 : (305)633-9696 Fax Number

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN

SANS CEO, LLC

Certificate of Status Certified Copy Page Count 03 Estimated Charge \$60.00

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T. HAMPTON

MAY 1 1 2009

EXAMINER

of 1

5/8/2009 2:16 PM 72:PI 6002/80/90 9696889908

H09000117682 ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION (Name of the Limited Liability Company on it now appears no our records.)
(A Florids Limited Liability Company) The Articles of Organization for this Limited Liability Company were filed or ACY Florida document number 4090000 25943 This amendment is submitted to amend the following: A. If amending name, auter the new name of the limited (tability company here: SANSCEO, LLC The new came 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 paw registered agent and/or the new repistered 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 fumiliar 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)

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Florida

(Zip Code)

H09000117682

If amending the Managers or Managing Members on our records, enter the title, name, and address of each Manager or Managing Member being added by removed from our records:

<u>12e</u>	Name	Address	Type of Action
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			Add Reznove
			Add Remove
			Add
			Add Remove
			Add Remove
If a men	ding any other information, enter cl	nange(s) here: (Attach additional sheets, if m	SECRETARY OF STA DIVISION OF CORPORAL OP MAY -8 AM 8:
r , .	Medinont	mber or authorized representative of a member	.5.

Filing Fee: \$25.00

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