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ALLAHASSEE FLORIDA

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COVER LETTER

TO: Registration Section Division of Corporations
SUBJECT: Kat Obendorf (LC) Name of Limited Liability Company
Name of Limited Liability Company
The enclosed Articles of Amendment and fee(s) are submitted for filing.
Please return all correspondence concerning this matter to the following:
Kathleen Obendorf Name of Person
Kot Obendorf, UC
238 Soyder Dr.
Venice F1. 34292
City/State and Zip Code Later Chends of Communication Com
For further information concerning this matter, please call:
Kat Obendorf Name of Person at (941) 234-6345 Area Code & Daytime Telephone Number
Enclosed is a check for the following amount:
\$25.00 Filing Fee Certificate of Status Certificate of Status 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

FILED
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U	Ľ	- 1101 O WHITE 31
Name of the Limited Liability Compa (A Florida Limited L	ny as it now appears on our re	SEGNETARY OF STATE FALLAHASSEE; FLORIDA
The Articles of Organization for this Limited Liability Company Florida document number <u>Lo 90003 //o.3</u>	were filed on $(24/2)$	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liab The new name must be distinguishable and end with the words Limi "L.L.C."	304 // (signation "LLC" or the abbreviation
Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS)	1900 5. M Englewood 34723	ccall Road
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	238 Snyc Venice, FM	18/ DC - 34292
B. If amending the registered agent and/or registered of registered agent and/or the new registered office address her	fice address on our record <u>e</u> :	is, enter the name of the new
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida	street address
		Florida
	City	Zip Code

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, <u>enter the title, name, and address of each Manager or Managing Member being added or removed from our records</u>:

MGR = Manager

MGRM =	= Managing Member		
<u>Title</u>	<u>Name</u>	Address	Type of Action
			Add
			Remove
			Add
			Remove
			Remove
			Remove
		·	Add
			Remove
			Add
			Remove
			Remove

D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary	y.)
Dated 10 Ven ber 2, 20/2	
Kathlow Londay	
Signature of a member or authorized representative of a member	

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Filing Fee: \$25.00

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