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(((H09000125562 3)))



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Division of Corporations

Fax Number : (850)617-6383

frcm:

Account Name

: KRASNY AND DETIMER

Account Number : 102771002615

Phone : (321)723-5646

Fax Number

: (321)768-1147

AMND/RESTATE/CORRECT OR M/MG RESIGN

AGENT REFERRAL NETWORK, LLC

Certificate of Status	0
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D. BRUCE

MAY 21 2009

EXAMINER

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Corporate Filing Menu

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H090001255623

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

	AGENT RE	FERRAL NETWOR	K, LLC	
(<u>N</u> 8	me of the Limited Liabi (A Florid	lity Company as it now appears to Limited Liability Company	oars on our records.) .	- · · <u></u>
The Articles of Organization	for this Limited Liability	y Company were filed on _	April 10, 2009	and assigned
Florida document number	L09000034935	·		
This amendment is submitted	to amend the following	: ·		
A. If amending name, enter	the new name of the l	imited liability company h	ere:	
The new name must be distingu	ishable and end with the v	words "Limited Liability Com	pany," the designation "L	LC" or the abbreviation
Enter new principal offices	address, if applicable:			SE SE
(Principal office address MUST BE A STREET A		DRESS)		AR A
				ASS ASS
Enter new mailing address,	if applicable:			Mod ≥ 1
(Malling address MAY BE A POST OFFICE BOX)				STA 5
				<u> </u>
B. If amending the regist registered agent and/or the	ered agent and/or reg new registered office a	gistered office address on ddress here:	our records, enter th	e name of the new
Name of New Regis	tered Agent:			
New Registered Off	ice Address:		Enter Florida sirces addr	
		•	inter Ptortaa Street aaar	633
		City	, Florida	Zip Code
New Registered Agent's Signa	tur <u>e, if changing Reg</u> iste	•	٠	- _T 2000

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

Page 1 of 2

. . .

MGR = Manager

MGRM = Managing Member

н090001255623

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;

Title	Name	Address	Type of Action
MGR	Debra A. Webster	1108 U.S. Highway One Sebastian, El., 32958.	Addi Heinove
			Add Remove
			Add Remove
			Add Reniove
	· · · · · · · · · · · · · · · · · · ·		[]Add []Remove
D. If amending	g any other information, enter cha	nge(s) here: (Attach additional sheets, if necessary)	OS MAY SECRET
			O9 MAY 20 AM 8: 5 SECRETARY OF STATI
Dated	May 19	2009	D 1 8: 59 STATE FLORIDA
		Debra A. Webster ed or printed name of signce	
		T	

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Filing Fee: \$25.00