0900004900

| (Requestor's Name) | | |
|--|--|--|
| | | |
| Shirley Copenhaver The Blind Man System 1430 SE San Souci Lane Port St Lucie FL 34952 | | |
| (riaminar) | | |
| (City/State/Zip/Phone #) | | |
| PICK-UP WAIT MAIL | | |
| (Business Entity Name) | | |
| (Document Number) | | |
| Certified Copies Certificates of Status | | |
| Special Instructions to Filing Officer: | | |
| A. LUNT | | |
| JUN 13 2010 | | |
| EXAMINER | | |

Office Use Only



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06/10/11--01033--005 **25.00

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

| (Name of the Limited Liability Co | Anagement LLC mpany as it now appears on our record ted Liability Company) | |
|---|--|---------------------------------|
| The Articles of Organization for this Limited Liability Comp | pany were filed on | S and a signed |
| Florida document number | | THE SECOND |
| This amendment is submitted to amend the following: | | STATE FLORIDA |
| 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 "L.L.C." | Limited Liability Company," the designa | ation "LLC" or the abbreviation |
| Enter new principal offices address, if applicable: | 1430 SF San | Suci Lane |
| (Principal office address MUST BE A STREET ADDRESS | 4 / / | A 34952 |
| | | Co |
| | | 5 6 |
| Enter new mailing address, if applicable: | | |
| (Mailing address MAY BE A POST OFFICE BOX) | | co. |
| | | American Systems (Section 2) |
| | | and a second |
| B. If amending the registered agent and/or registered registered agent and/or the new registered office address | | nter the name of the nev |
| | | |
| Name of New Registered Agent: | | |
| New Registered Office Address: | | |
| Enter Florida stre | | et address |
| | , Flori | ida |
| | 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.