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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : ARS & ASSOCIATES INC

Account Number : I20110000073 Phone

: (605)653-7350

Fax Number

: (605)653-5205

**Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please. *★≥ △

Email Address: ROPEARSACLOUNTING.COM

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LLC AMND/RESTATE/CORRECT OR M/MG RESIGN THE MEN OF PKG, LLC

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Estimated Charge	\$25.00

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Corporate Filing Menu

Help B. BOSTICK OCT 28 2011

EXAMINER

10/27/2011

COVER LETTER

TO: Registration 8 Division of Co		•	
SUBJECT:	THE ME	N OF PKG LLC	
	Name of Lim	ited Liability Company	
The enclosed Articles of	f Amendment and fee(s) are su	bmitted for filing.	
Please return all corresp	condence concerning this matte	r to the following:	
		ROB SOCOL	
		Name of Person	
	AR	S & ASSOCIATES INC	
	······································		
	20810	WEST DIXIE HIGHWAY	TAL Sir TAL
		Address	- 00 B
	NORTI	H MIAMI BEACH, FL 33180	1 OCT 27
		City/State and Zip Code	in a
	ROB@	ARSACCOUNTING.COM to be used for future annual report notific	ation)
The Cost of the Cost of		·	RESTATE ORIDA
ror turmer information	concerning this matter, please	call:	A
F	ROB SOCOL	at (305) 6	53-7350
Name	of Person	Area Code & Daytime	Telephone Number
Enclosed is a check for	the following amount:		
\$25.00 Filing Fee	\$30.00 Filing Fee & Certificate of Status	S55.00 Filing Fee & Certified Copy (additional copy is enclosed)	\$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
MAII	ING ADDRESS:	STRFET/COURIE	R ADDRESS:

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

STREET/COURIER ADDRI Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

LLC			
y appears on our records.) npany)			
on 05/21/2009	and assigned		
any here:			
Company," the designation "	LLC" or the abbreviation		
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ss on our records, <u>enter</u>	the name of the new		
Enter Florida street address			
, Florida	a. o. i		
	Zip Code		
	any here: Company," the designation " ss on our records, enter Enter Florida street ada		

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 Changing Registered Agent, Signature of New Registered Agent

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 = Manager MGRM = Managing Member

Title	<u>Name</u>	Address	Type of Action
MGR_	WILLIAM FORD	20810 WEST DIXIE HIGHWAY NORTH MIAMI BEACH, FL 33180	Add Remove
MGR_	DARRELL STENSON	20810 WEST DIXIE HIGHWAY NORTH MIAMLBEACH, FL 33180	Add Remove
			Add Remove
			Add Remove
·			Add Remove _
	-		Add Remove
D. If amend	ing any other information, enter change(s	s) here: (Attach additional sheets, if necessary)	11 OCT 27 AM 8: 32
Dated	10/27 , 201-	authorized representative of a member	_
	WII	LLIAM FORD printed name of signee	

Page 2 of 2

Filing Fee: \$25.00