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PICK-UP WAIT MAIL	
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EXAMINER



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SECRETARY OF STATE VISION OF ECREORATION

COVER LETTER

то: '	Registration Sect Division of Corp		
		MULTIPLE	STREAMS OF FLORIDA LLC
SUBJI	ECT:	·	ited Liability Company
The en	closed Articles of A	mendment and fee(s) are sul	bmitted for filing.
Please	return all correspond	dence concerning this matter	r to the following:
		Ahqua	Name of Person
			Firm/Company
		12945	Seminale Blod Bodia 1 Sta S
		ANUL FIRE E-mail address: (City/State and Zip Code City/State and Zip Code Chanted a) 1, Ne f to be used for future annual report notification)
For fur	ther information con	cerning this matter, please o	call:
•	Mame of F		at (B) 234.5056 Area Code & Daytime Telephone Number
Enclose	ed is a check for the	following amount:	
□ \$25	.00 Filing Fee	\$30.00 Filing Fee & Certificate of Status	S55.00 Filing Fee & S60.00 Filing Fee, Certified Copy (additional copy is enclosed) S60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
	Registrati	G ADDRESS: ion Section of Corporations 6327	STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building

Tallahassee, FL 32314

Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

MULTIPLE GIVEANS				
(Name of the Limited Liability (A Florida I	Company as it now appears on our records.) Limited Liability Company)	 _		
The Articles of Organization for this Limited Liability C Florida document number 1.59 –557.5	Company were filed on 115/2009	and assigned		
This amendment is submitted to amend the following:				
A. If amending name, enter the new name of the limi	ited liability company here:			
MGI SAILTHER. 1	1 (U		
The new name must be distinguishable and end with the wor "L.L.C."	ds "Limited Liability Company," the designation	"LLC" or the bbreviation		
Enter new principal offices address, if applicable:		NOV NOV		
(Principal office address MUST BE A STREET ADDR	(ESS)	<u>ن</u> ن		
		19 3000		
		- <u>90</u>		
Enter new mailing address, if applicable:		_		
(Mailing address MAY BE A POST OFFICE BOX)		7.		
B. If amending the registered agent and/or regist registered agent and/or the new registered office addr	ered office address on our records, <u>enter</u> r <u>ess here</u> :	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 Changing Registered Agent, Signature of New Registered Agent

Page 1 of 2

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:

MGRM = Man	Name	<u>Address</u>	Type of Action Add Remove Add Remove
			Remove Add
		·	
			
			Add Remove
			Add Remove
			Add Remove
-			Add Remove
D. If amending	any other information, enter change(s) here: (Attach additional sheets, if necessary.)	_
			-
Dated D	131109		-
_	Uharla Lu	r authorized representative of a member 1 \(\) 1 printed name of signee	

Page 2 of 2

Filing Fee: \$25.00