09000083672

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T. HAMPTON

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EXAMINER

COVER LETTER

	ivision of Co				
SUBJECT	r.	I AM BL	ESSED 2, LLC		
SUBJECT	•		ted Liability Company		
The enclos	ed Articles of	Amendment and fee(s) are sub	omitted for filing.		
Please retu	rn all correspo	ondence concerning this matter	to the following:		
		RAUL SOCARRAS, ESQ.			
		RA	<u></u>		
	Firm/Company				
		370			
			Address		
			ORLANDO, FL 32812 City/State and Zip Code		
		draree	enmedispa@bellsouth.net		
		E-mail address: (to be used for future annual report noti	fication)	
For further	information o	oncerning this matter, please c	all:	,	
	RAUL S	OCARRAS, ESQ.	at (_407_)	514-0180	
	Name o	of Person	Area Code & Daytin	ne Telephone Number	
Enclosed is	s a check for t	he 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)	
	Regist Divisio P.O. B	ING ADDRESS: ration Section on of Corporations ox 6327 assee, FL 32314	STREET/COUR Registration Secti Division of Corpo Clifton Building 2661 Executive C Tallahassee, FL 3	on orations enter Circle	

RAUL SOCARRAS, P.A.

ATTORNEY AND COUNSELOR AT LAW

3708 South Conway Road Orlando, Florida 32812 Telephone: 407-514-0180 Telecopier: 407-514-0135

September 10, 2009

VIA OVERNIGHT COURIER

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

RE: I AM BLESSED 2, LLC

Document Number: L09000083672

Dear Sir or Madam:

Enclosed please find the Articles of Amendment to Articles of Organization for the above referenced matter along with a check made payable to the Florida Department of State in the amount of \$25.00, which represents the filing fee. Once the Amendment is filed and processed, please send our office an acknowledgement of such filing as soon as possible.

Thank you for your anticipated cooperation regarding this matter and please contact me with any questions.

Daniel E. Garcia

Legal Assistant to Raul Socarras

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

I AM BLE	SSED 2, LLC			
(<u>Name of the Limited Liability Cor</u> (A Florida Limit	npany as it now appeared Liability Company)	rs on our records.)		
The Articles of Organization for this Limited Liability Comp	oany were filed on	08/28/2009	and assigned	
Florida document numberL09000083672				
This amendment is submitted to amend the following:				
A. If amending name, enter the new name of the limited	liability company her	<u>·e</u> :		
The new name must be distinguishable and end with the words "l" L.L.C."	Limited Liability Compa	any," the designation "L	LC" or the abbre	eviation
Enter new principal offices address, if applicable:				-9-
(Principal office address MUST BE A STREET ADDRESS	<u> </u>		09 SEP	SEC SEC
	 		<u>F</u>	<u> </u>
Enter new mailing address, if applicable:				COR
(Mailing address MAY BE A POST OFFICE BOX)			P	PST ST ST
			2	- E
B. If amending the registered agent and/or registered registered agent and/or the new registered office address		our records, <u>enter t</u>	he name of th	ie new
Name of New Registered Agent:				
New Registered Office Address:				
	En	ter Florida street addi	ress	
	City	, Florida	Zip Code	
	City		zip Coae	

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, <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 **Title** <u>Name</u> Address **Type of Action** MGR RICHARD GREEN 1948 WINDING OAKS DRIVE Remove ORLANDO, FL 32825 Allison Houghton-Green, M.D. 1948 WINDING OAKS DRIVE MGR ORLANDO, FL 32825 ✓ Remove Allison Haughton-Green, M.D. MGRM 1948 WINDING OAKS DRIVE ✓ Add ORLANDO, FL 32825 Remove ∏Add Remove □Add __Remove Add Remove D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) 2009/ September 10 Dated authorized representative of a member Signature of a member RAUL SOCARRAS, Esq./ Muthorized Representative of Member Typed or printed name of signee

Page 2 of 2

Filing Fee: \$25.00