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2010 HAY 24 AH 13: 13
SECRETARY OF STATE
TALLAHASSEE, FLORID

T. CLINE MAY 2.5 2010

EXAMINED

COVER LETTER

TO: Registration Sec Division of Corp					
subject: Flo	rida Grove Fo	Oggers, UC led liability Company			
The enclosed Articles of A	Amendment and fee(s) are sub	mitted for filing.			
Please return all correspor	ndence concerning this matter	to the following:			
	Tamme	Name of Person	•		
	- Florida (Grove Fongers, W	<u> </u>	2010 TAL	mon is at
	403	Bear Lane Address		2010 MAY 24 SECRETARY	
	Labe Flor E-mail address: (1	Plocid F1 33852 City/State and Zip Code Oda Q Ove FOOLEYS O o be used for future annual deport notifica	htn.net	F.FLOR	
For further information co	oncerning this matter, please c	_			
Tanny V	Person	at (<u>&&3) /199 - 98</u> Area Code & Daytime T	SSA Telephone Number		
Enclosed is a check for the	e following amount:				
■\$25.00 Filing Fee	\$30.00 Filing Fee & Certificate of Status	\$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	Certified (of Status &	
	NG APPECO		D A DDDEGG		

MAILING ADDRESS:

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 STREET/COURIER ADDRESS:

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

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Florida Grov Name of the Limited 1	VE FOGOES LLC iability Company as it now appears of Florida Limited Liability Company)	n our records.)	
(A F The Articles of Organization for this Limited Lia Florida document number <u>L09000840</u>	bility Company were filed on	and assigned	
This amendment is submitted to amend the follow	ving:		
A. If amending name, <u>enter the new name of t</u>	the limited liability company here:	ZECR HA	
The new name must be distinguishable and end with "L.L.C."	the words "Limited Liability Company,"	"the designation "LLC" or the abbreviation	
Enter new principal offices address, if applical	ble:		
(Principal office address MUST BE A STREET	ADDRESS)		
		इंग ७	
Enter new mailing address, if applicable:			
(Mailing address MAY BE A POST OFFICE B	<u>(OX)</u>		
B. If amending the registered agent and/or the new registered offi		records, enter the name of the new	
Name of New Registered Agent:			
New Registered Office Address:	Futor	Florida street address	
	Linei Piorida Sireel address		
	City	, Florida 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 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

Type of Action Title **Address** <u>Name</u> Frank C Youngman Add Remove ☐ Add Remove ☐ Add ☐ Remove Remove D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) 2010 Signature of a member or authorized representative of a member Typed or printed name of signee

Page 2 of 2

Filing Fee: \$25.00