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Registration Section Division of Corporations TO:

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SUBJECT:		SHES, LLC ited Liability Company			
	mendment and fee(s) are sub	-		. 1	
Please return all correspon	dence concerning this matter	to the following:		SECO	-
		CHRISTIAN JENNY		2009 SEP 10 PH 1: 40 SECRETARY OF STATE SECRETARY OF STATE	FILED
	LGI	MANAGEMENT, INC.		PH	
		Firm/Company		OFT -	
103-B NORTH LA		B NORTH LAKE DRIVE		Dri O	
Address					
ORMOND BEACH, FL 32174					
		City/State and Zip Code			
	cje	nny@mindspring.com			
		to be used for future annual report notifica	lion)		
For further information co	ncerning this matter, please c	all:			
	TIAN JENNY	u (<u></u>	37-4103		
Name of	Person	Area Code & Daytime 1	elephone Number		
Enclosed is a check for the	following amount:				
√ \$25.00 Filing Fee	Solution Status	S55.00 Filing Fee & Certified Copy (additional copy is enclosed)	Certified	e of Status &	ed)
MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314		STREET/COURIEI Registration Section Division of Corporati Clifton Building 2661 Executive Center Tallahassee, FL 3230	ons er Circle		

ARTICLES OF AMENDMENT TO · ARTICLES OF ORGANIZATION OF

DISHES, LLC (Name of the Limited Liability Company as it now appears on our records.)

(A Florida Limited Liability Company)

The Articles of Organization for this Limited Liability Company were filed on <u>09-01-2009</u> and assigned Florida document number <u>L09000084702</u>.

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

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The new name must be distinguishable and end with the words "Limited Liability "L.L.C."	Company," the designation "LLC" of	or the abbreviation
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDRESS)	AR	5 7
Enter new mailing address, if applicable:		5
(Mailing address MAY BE A POST OFFICE BOX)	-	
		<u> </u>

B. If amending the registered agent and/or registered office address on our records, <u>enter the name of the new</u> registered agent and/or the new registered office address here:

Name of New Registered Agent:		
New Registered Office Address:	Enter Flor	ida street 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 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</u> or Managing Member being added or removed from our records:

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MGR = Manager MGRM = Managing Member

. . .

<u>Title</u>	Name	Address	Type of Action
MGRM	L. GALE LEMERAND	103-B NORTH LAKE DRIVE ORMOND BEACH, FL 32174	_ Add Z Remove
<u>MGRM</u>	LGL OVEN, LLC	103-B NORTH LAKE DRIVE ORMOND BEACH, FL 32174	Add Remove
MGRM	WTC OVEN, LLC	8 BROADCREEK CIRCLE ORMOND BEACH, EL 32174	_✔ Add _ Remove
MGRM	BRADLEY A. DISCH	2043 JOHN ANDERSON DRIVE ORMOND BEACH, FL 32176	Add Remove
 D. If amendin	g any other information, enter change(s	here: (Attach additional sheets, if necessary)	
 Dated	•	authorized representative of a member	
_	Typed or	printed name of signee	
		Page 2 of 2	
	Fili	ng Fee: \$25.00	