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M. THOMAS

DEC 2 3 2009

EXAMINER

COVER LETTER

SUBJECT: Fork GAMe Forestailment Name of Limited Liability Company The enclosed Articles of Amendment and fee(s) are submitted for filing. Please return all correspondence concerning this matter to the following: TONY WAIKER Name of Person Firm/Company 414 EBSK GUD API # 718 Address	
Please return all correspondence concerning this matter to the following: TONY WAIKER Name of Person Firm/Company 4121 E B Sh Bud Apt # 718	
TONY WAIKER Name of Person Firm/Company 4121 E BISH BUD APH 718 Fig Fig.	
4121 E BUSH BUD APH 718 ES &	
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4121 E BUSH BUD APH 718 ES &	
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Address TAMP, FI 33617 City/State and Zip Code Fair game ENTE Gmail. com E-mail address: (to be used for future annual report notification)	
Fair game ENTO Gmail. Com E-mail address: (to be used for future annual report notification)	5
For further information concerning this matter, please call:	
TONY WAIKER at (813) 598 -8140 Area Code & Daytime Telephone Number	
Enclosed is a check for the following amount:	
\$25.00 Filing Fee \$\ \text{Certificate of Status} \text{S55.00 Filing Fee & Certified Copy (additional copy is enclosed)} \text{Certified Copy (additional copy is enclosed)} \text{Certified Copy (additional copy is enclosed)})

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

(Name of the Limited Liability Compa (A Florida Limited l	iny as it now appears of Liability Company)	on our records.)
The Articles of Organization for this Limited Liability Company Florida document number <u>L0900087807</u> .	were filed on	9/11/2009 Eand assigned
This amendment is submitted to amend the following:		22 SSEE,
A. If amending name, enter the new name of the limited liab	oility company here:	PHIZ: 2
The new name must be distinguishable and end with the words "Lim "L.L.C."	ited Liability Company	"the designation "LLC" of the abbreviation
Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS)	4121 API# 710	E Busch Blud TAMPA, EL 33617
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	4/2/ APT # 7/0	E Busch Blud TAMPA, FL 33617
B. If amending the registered agent and/or registered of registered agent and/or the new registered office address her		records, enter 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 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 = Man MGRM = M	nager anaging Member						
<u>Title</u>	<u>Name</u>	Address	Type of Action				
MGR	Lloyd Walker	4121 E BUSCH Blud APH#716 TAMPA F1,33615	Add Remove				
MGRM	Tony Walke	4121 E Busch Blud -	Add Remove				
Worm	JOSON TRANUMN	3408 Volley CT Jacksonville JFL, 3227	AHASEP PH				
			And Dr.				
			Add Remove				
			Add Remove				
D. If amend	ing any other information, enter change	e(s) here: (Attach additional sheets, if necessary	.) 				
_							
Dated	// · · / -						
	Lloyd W	or authorized representative of a member ValHeR or printed name of signee					
	r ypeu (or printed name or signee					

Page 2 of 2

Filing Fee: \$25.00