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To:				يب
	Division of Co	rporations		
	Fax Number	: (850)617-6383		7
From:				Ý
		: LEGALZOOM.COM	! INC.	
	Account Number	: 120010000062		<u> </u>
	Phone	: (323)962-8600	•	_
	Fax Number	: (323)962-3889		

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G. MCLEOD

JAN - 4 2010

EXAMINER

FAX COVER SHEET

то	
COMPANY	
FAX NUMBER	18506176383
FROM	Lori Castille
DATE	2009-12-30 15:28:57 PST
RE	Amendment Filing

COVER MESSAGE

LZ Order # 6712275

Thank You.

1 of 5

COVER LETTER

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one Number)
60.00 Filing Fee, Certificate of Status & 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 Liab) (A Flori	lity Company as it now appears on our da Limited Liability Company)	records.)
The Articles of Organization for this Limited Liabilit	y Company were filed on 09/18/09	and assigned
Florida document number <u>L09000090197</u>	·	
This amendment is submitted to amend the following	3:	
A. If amending name, enter the new name of the	limited liability company here:	
The new name must be distinguishable and end with the "L.L.C."	words "Limited Liability Company," the d	esignation "LLC" or the abbreviation
B. If amending the registered agent and/or re- registered agent and/or the new registered office a	•	rds, enter the name of the new
Name of New Registered Agent:		
New Registered Office Address:	(United Flows	da 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, enter the title, name, and address of each Manager or Managing Member being added or removed from our records:

	Manager I = Managing Member		
<u>Title</u>	Name	Address	Type of Action
			Add Remove
			Add Remove
	· -		Add Remove
	-		Add Remove
			Add Remove
			Add Remove
D. If a	nending any other information, enter change	e(s) here: (Attach additional sheets, if necessary.)	
	Article II. The street address of the pri	incipal office and the mailing address	_
	of the LLC shall be: 5221 Benton St.	Lehigh Acres. FL 33971	_
	Article V. The address of the managin	ng member shall be:	_
	5221 Benton St, Lehigh Acres, FL 339	971	<u></u>
Dated _	Signature of a member	or authorized representative of a member	
	Joshua Nathan Grim, Managing M		

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