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SECRETARY OF STATE

Office Use Only

COVER LETTER

TO: Registration Section Division of Corporations
SUBJECT: Waldell (ea the Deluies, &C 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:
Robert Waddell Name of Person
Waddell Cealty, RR
5876 N. Blue Angel PKWY.
Kersoeola FC 32526 City/State and Zip Code
E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call: Robert Woldell at 850, 456-4526 Name of Person Area Code & Daytime Telephone Number
Enclosed is a check for the following amount: \$\sum_{\sum_{\text{\$\sum_{\text{\$\cute{1}}}}}}\$25.00 Filing Fee & \$\sum_{\text{\$\sum_{\text{\$\cute{1}}}}\$55.00 Filing Fee & \$\sum_{\text{\$\cute{1}}}\$60.00 Filing Fee,
\$25.00 Filing Fee \$\ \text{Certificate of Status}\$\$\ \text{Certified Copy} \\ \text{(additional copy is enclosed)}\$\$ \text{Certified Copy} \\ \text{(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

FILED

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200 dd of Page	the Services & CATTAHASSEE, FLORIE
(Name of the Limited Liability Compan (A Florida Limited Li	Y as it then addicate our our records.
The Articles of Organization for this Limited Liability Company Florida document number LO900091324	
Florida document number L09010091329	
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liabi	lity company here:
The new name must be distinguishable and end with the words "Limit "L.L.C."	ed Liability Company," the designation "LLC" or the abbreviation
Enter new principal offices address, if applicable:	Same
(Principal office address MUST BE A STREET ADDRESS)	
Enter new mailing address, if applicable:	Some
(Mailing address MAY BE A POST OFFICE BOX)	
B. If amending the registered agent and/or registered off registered agent and/or the new registered office address here	
Name of New Registered Agent:	
New Registered Office Address:	Enter Florida street address
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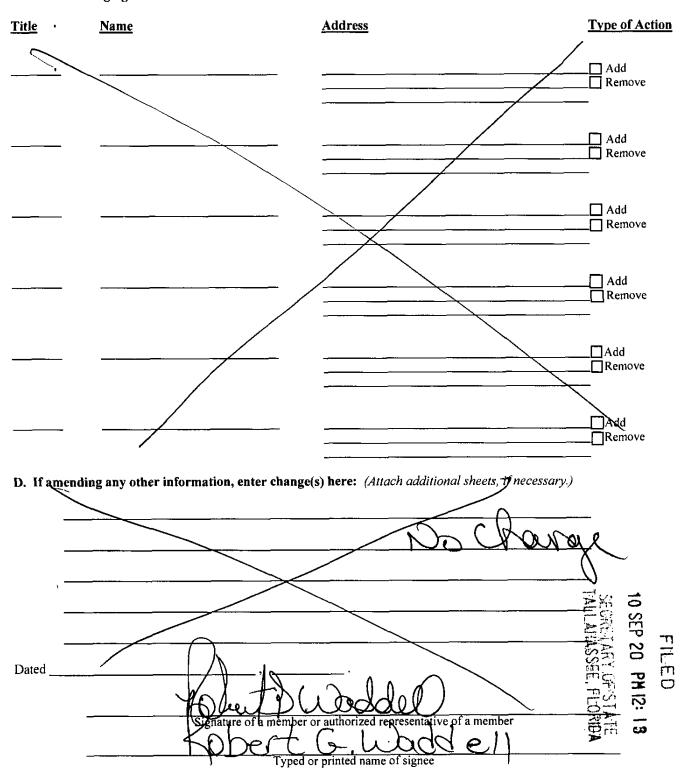
New Registered Agent's Signature, if changing Registered Agent:

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.

City

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



Page 2 of 2

Filing Fee: \$25.00