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(Requestor's Name)					
(Address)					
(Address)					
(City/State/Zip/Phone #)					
PICK-UP WAIT MAIL					
(Business Entity Name)					
(Document Number)					
Certified Copies Certificates of Status					
Special Instructions to Filing Officer:					
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SECRETARY OF STATE

COVER LETTER

то:	Registration Section Division of Corpor		**	₩	\$ **	% 3	·. ·	•
SUBJE	ECT:	du jour	Marke	et 1_1	-C			
) Nar	ne of Limi	ted Liabili	ty Compan	у		~
The en	closed Articles of Am	endment and fee	e(s) are sub	mitted for	filing.			
Please	return all corresponde	ence concerning	this matter	to the foll	owing:			
	-	ŧ	<u>Egenia</u>	a Kep	ner Mc	Hally		_
	_				Leet L			
	·			Fim	n/Company			 -
	_		39 (Cordo	ra Stre	et		_
					Address			_
	_		StiA	gustru	e, sc	32084	 	
	_			City/Stat	e and Zip Co	de		_
	-	E-mai	du jo	o be used fi	or future anni	grand.	cation)	_
For fur	ther information conc							
	Fugeria M Name of Per	rson		at	(<u>904)</u> Area C	206-15 Code & Daytime	574 : Telephone Num	ber
Enclose	ed is a check for the fo	ollowing amount	:					
□\$25	.00 Filing Fee	\$30.00 Filing I Certificate o	Fee & f Status		00 Filing Fe rtified Copy Iditional cop		Certif Certif	Filing Fee, icate of Status & ied Copy ional 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	Dur Marke	as it now appea	ers on our records	<u>s.</u>)	
(A	Florida Limited Liab	oility Company)			
The Articles of Organization for this Limited Liability Company were filed onand assigned					
Florida document number <u>L0900094</u>	1616.				
This amendment is submitted to amend the follo	wing:				
A. If amending name, enter the new name of	the limited liabilit	y company he	e <u>re</u> :		
The new name must be distinguishable and end with "L.L.C."	the words "Limited	Liability Comp	pany," the designat	ion "LLC" or the	abbreviation
Enter new principal offices address, if applica	ıble:				
(Principal office address MUST BE A STREET	<u>r Address)</u>				
	-				
Enter new mailing address, if applicable:					
(Mailing address MAY BE A POST OFFICE E	3 <i>0X</i>)				
	-				
B. If amending the registered agent and/o registered agent and/or the new registered off		e address on	our records, er	iter the name	of the new
	_			SE SE	
Name of New Registered Agent:	Eugenia 133 More	Kepner M	ENally *500	55 - S	
New Registered Office Address:	133 Mora	Jan Ave	nter Florida stree	ုံး address 🕳	
	St. Avaist	~-e	, Floric	i	
		City	, , , , , , , , ,	Zip Co	e
New Registered Agent's Signature, if changing R	egistered Agent:			No.	-

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.

Gesura Negres McWalley
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>	<u>Name</u>	Address	Type of Action
			Add Remove
			Add Remove
			Add Remove
			Add Remove
			Add Remove
			Add Remove
D. If a	mending any other information, enter chan	nge(s) here: (Attach additional sheets, if nece. from Eugenin B. Kepper to Eugen Wine well as name of regist	ssary.) in Kepner McNally. tered agent
	due to marriage 3 legal.	from Eugenia B. Kepner to Eugen Was well as name of regist name change, See attache	ed document A. (1 p.)
	2. Changing % of owners	hip of each partner (3) to	reflect:
		-5290 Patricia Molemon	
Dated _	A	70. Please document. Se	e attached Document B. (9 p.)
	Signature of a memb	per or authorized representative of a member	
	EUgeni	a Kepper McNally ed or printed name of signee	
		D . 2 . 52	

Page 2 of 2

Filing Fee: \$25.00