

Division of Corporations Electronic Filing Cover Sheet

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TO:

Division of Corporations

Fax Number

: (850)617-6383

FAXED

From:

Account Name : GASSMAN & ASSOCIATES, P.A.

Account Number : 075350000514 Phone : (727)442-1200

Fax Number : (727)443-5829

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

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G. MCLEOD

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Corporate Filing Menu

Help

JAN 24 2011

XAMINER

JAN. 21. 2011 GASSMAN, BATES&ASSOC. 4:43PM 👢

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

(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 October 16, 2009 and assigned	
` ` ` ` ` ` ` ` ` ` ` ` ` ` ` ` ` ` `	
Florida document numberL09000100044	
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liability company here:	
The new name must be distinguishable and end with the words "Limited Liability Company," the designation "LLC" or the abbreviat "L.L.C."	_ ion
Enter new principal offices address, if applicable:	
(Principal office address MUST BE A STREET ADDRESS)	- 1
	_*****
Finter new molling address if applicables	Į. Į.
Amer new mining actives, it applicable.	
(Mailing address MAY BE A POST OFFICE BOX)	_{<
	_
B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here:	<u>ęw</u>
Name of New Registered Agent:	_
New Registered Office Address: Enter Florida street address	_
Enter Pioriaa street adaress	
City , Florida Zin Code	-
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 morely 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

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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

1	Title	Name	Address	Type of Action
	MGRM	LEANNE L. MCENANY	8803 Industrial Drive Tampa El 33637	Add / Remove
				Add Remove
				Add Remove
				Add Remove
				∏Add Remove
,				Add Remove
	D. If amendi	ng any other information, enter change	(s) here: (Attach additional sheets, if necessary.)	_
				_ _
		.1		_ _
	Dated	M		
	_		McEnany Manager	
	-	Typed o	. McEnapy, Manager r printer name of signee	
			A 2 . 52	

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