Division of Corporations Electronic Filing Cover Sheet

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To:

Division of Corporations

Fax Number : (850)617-6383

From

: John M Wicker Pa Account Name

Account Number : 120070000104

: (239)939-2222 Phone

Fax Number : (239)939-2280

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

Email Address: FRAUS @ CAWCRW, COM

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FILED

// 000/16652 3 ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

SECRETARY OF STATE TALLAHASSEEVELORIDA

(Name of the Limited Lin (A Flo	HOLDINGS OF SVVFL, L bility Company as it now appears or orida Limited Liability Company)	n eur records.)
The Articles of Organization for this Limited Liabi Florida document number		VEMBER 9, 2009 and assigned
This amendment is submitted to amend the following	ng:	
A. If amending name, enter the new name of th	e limited liability company here:	
The new name must be distinguishable and end with th	e words "Limited Liability Company	," the designation "LLC" or the abbreviation
Enter new principal offices address, if applicable	e:	
(Principal office address MUST BE A STREET A	DDRESS)	
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BO.	<u>X)</u>	
B. If amending the registered agent and/or registered agent and/or the new registered office		records, enter the name of the new
Name of New Registered Agent:		
New Registered Office Address:		
	Enter	Florida street address
-	City	, Florida Zip Code
	•	- <i>T</i> - · · ·

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

239-939-2280

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 Title Name

<u>Thie</u>	Name	Address	Type of Action
MGRM	MICHAEL E. FRONCEK		Add Remove
			Add Remove
			[7] D
	,		Add Remove
D. If amen	ding any other information, enter chan	ge(s) here: (Attach additional sheets, if necess	ary.)
			SE ZEI
 	·	D11 ,	7011 APR 28 SECRETARY
Dated		consultivity of a member	OF STA
	JOHI	M. WICKER, ESQ.	TIDA A
		Page 2 of 2	

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