Division of Corporations Electronic Filing Cover Sheet

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To:

Division of Corporations

Fax Number : (850)617-6383

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 further annual report mailings. Enter only one email address please.

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN M & E VENTURES, L.L.C. Certificate of Status

Certified Copy 02 Page Count Estimated Charge \$25.00

Electronic Filing Menu

Corporate Filing Menu

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

| <u> </u> | <u>1 & E VENTURES, L.L</u> | C. | |
|---|---|------------------------------|---------------------------|
| (Name of the Limite | <mark>d Liability Company as և now a</mark> A Florida Limited Liability Comp | ppears on our records.) any) | |
| The Articles of Organization for this Limited I Florida document numberL0900010 | | n <u>November 10, 20</u> | 09 and assigned |
| This amendment is submitted to amend the fol | lowing: | | |
| A. If amending name, enter the new name | of the limited liability compan | y here: | |
| The new name must be distinguishable and end w | ith the words "Limited Liability C | Company," the designation ' | "LLC" or the abbreviation |
| Enter new principal offices address, if applicable: | | ' | - <u>P</u> |
| (Principal office address MUST BE A STRE | ET ADDRESS) | | 全带 夏沙 |
| | * | | ASS = |
| Enter new mailing address, if applicable: | | | EN A MI |
| (Mailing address MAY BE A POST OFFICE BOX) | | | |
| | | | 9m = - |
| B. If amending the registered agent and registered agent and/or the new registered of | office address here: | on our records, enter | the name of the new |
| Name of New Registered Agent: | ABRAHAM R. TOTAH | | |
| New Registered Office Address: | 1399 HAMLET AVENU | | |
| | | Enter Florida street ad | idress |
| | CLEARWATE | R, Florida _ | |
| | 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 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: MGR = Manager MGRM = Managing Member Title <u>Name</u> <u>Address</u> Type of Action □ Add 🔲 Remove ∐ Add 🔲 Remove ☐ Add Remove Add Remove .∏Add Remove ∐Add Remove D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) Dated January 2009

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ABRAHAM R. TOTAH, Manager
Typed or printed name of signee

Signature of a member or authorized representative of a member

Filing Fee: \$25.00