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DIVISION OF CHROOKATION

T. HAMPTON
MAY 24 2010

EXAMINER

COVER LETTER

TO: Registration S -Division of Co		4	* .
SUBJECT:	1 Hlebiker L Name of Limit	ted Liability Company	
The enclosed Articles o	f Amendment and fee(s) are sub	mitted for filing.	
Please return all corresp	ondence concerning this matter	to the following:	
	Randal	B Byker Name of Person	
		ebiter LLC Firm/Company	· · · · · · · · · · · · · · · · · · ·
	122 Shore	bird Dr. Unit	823
		sa Beach, FL 3 City/State and Zip Code	
	Phylipper E-mail address: (1	81 Oyahoo, com	ion)
For further information	concerning this matter, please c	all:	
Rand	Byker of Person	at (<u>614</u> <u>240 - 6</u> Area Code & Daytime T	4) 2 elephone Number
Enclosed is a check for	the following amount:		
\$25.00 Filing Fee	\$30.00 Filing Fee & Certificate of Status	\$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	\$60.00 Filing Fee, Certificate of Status & Certified Copy (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

LITTLE (Name of the Limited Liability Com (A Florida Limite	EBIKER, LLC npany as it now appear ed Liability Company)	s on our records.)		
The Articles of Organization for this Limited Liability Comparing April 1980 Florida document number Logo 112 148	any were filed on	100,23,2009	and as	ssigned
This amendment is submitted to amend the following:				
A. If amending name, enter the new name of the limited !	iability company her	e :		
The new name must be distinguishable and end with the words "L" "L.L.C."	imited Liability Compa	ny," the designation "LLC	or the	abbreviation
Enter new principal offices address, if applicable:				
(Principal office address MUST BE A STREET ADDRESS			TO HAY	15 S S S S S S S S S S S S S S S S S S S
Enter new mailing address, if applicable:			2	
(Mailing address MAY BE A POST OFFICE BOX)			PH	34
B. If amending the registered agent and/or registered registered agent and/or the new registered office address		ur records, enter the	name	of the new
Name of New Registered Agent:				
New Registered Office Address:	Ent	ter Florida street addres	s	
		, Florida		
	City		Zip Cod	de

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 **Type of Action Title** <u>Name</u> <u>Address</u> Kimberly D. Helder MGRM 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_ al B Byker Typed or printed name of signee

Page 2 of 2

Filing Fee: \$25.00