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SEGRETARY OF STATE
PALLAHASSEE, FLORINA

D. BRUCE

JUN 2 2 2010

**EXAMINER** 

# **COVER LETTER**

Registration Section Division of Corpor			•		
SUBJECT: BUIL	DING 850 Name of Limi	FORMANCE ited Liability Company	SZQUIC	es LLC	
The enclosed Articles of Am	endment and fec(s) are sub	omitted for filing.			
Please return all corresponde	ence concerning this matter	to the following:	•		
	DONALD	7. HALL Name of Person		· · ·	
	BUILDING	122FORMAN Firm/Company	ICE 59	evices	المر
	5809 PI	NE ZIDLE	CIPC	LE	
	VERO BE	ACH, FL 32 City/State and Zip Code	2967		
-	donaldi E-mail address)	to be used for future annual report i	notification)	10 JU	n an Tagair and Annaile
For further information conc	erning this matter, please o	call:	*	V2I TARY ASSE	
DOM Name of Pe	HALL rson	at (772) 63 Area Code & Day	ytime Telephone Nu	OF STATE INDEPENDA	
Enclosed is a check for the f	ollowing amount:				
\$25,00 Filing Fee	\$30.00 Filing Fee & Certificate of Status	S55.00 Filing Fee & Centified Copy (additional copy is enclosed)	Cert osed) Cert	0 Filing Fee, ificate of Status & ified Copy litional copy is encl	losed)
	•	a'	í		

## 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**

The Articles of Organization for this Limited Liability Company		12/11	2009	and assigned	
Florida document number <u>L 09 000119</u> 7	54	• (			
This amendment is submitted to amend the following:	•	4			
A. If amending name, enter the new name of the limited lial	bility company l	nere:			
The new name must be distinguishable and end with the words "Lin"L.L.C."	nited Liability Con	npany,";the de	esignation "LLC"	or the abbreviator	
Enter new principal offices address, if applicable:			E.		
(Principal office address MUST BE A STREET ADDRESS)		·	3>-7	<u> </u>	
	***************************************			2 1	
	•	•	H. C		
Enter new mailing address, if applicable:		· · · · · · · · · · · · · · · · · · ·		<u> </u>	
(Mailing address MAY BE A POST OFFICE BOX)			A A A A A A A A A A A A A A A A A A A		
•			<b>A</b> , ,	<u></u>	
B. If amending the registered agent and/or registered or registered agent and/or the new registered office address he		n our recoi	rds, <u>enter the r</u>	name of the n w	
Name of New Registered Agent:			<u></u>		
New Registered Office Address:		Euton Elogic	la atuant addunus		
	Enter Florida street address				
·	Citi		Florida	in Cada	
New Registered Agent's Signature, if changing Registered Agen	City	,	Z	ip Code	

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 as I 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.

MGR = Manager MGRM = Managing Member **Address** Type of Action **Title** <u>Name</u> MGRM BARBART L. CLARK ☐ Add Remove ☐ Add Remove Add Remove ∏Add Remove  $\square$ Add Remove D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) 2010 JUWE Signature of a member of authorized representative of a member DONALD H-4 1 Typed or printed name of signee

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:

Page 2 of 2

Filing Fee: \$25.00