L10000003206

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EXAMINER



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SECRETARY OF STATE DIVISION OF CORPORATION

	•	OVERLETTER	
TO: Registration Section Division of Corpo		*	
SUBJECT:		Mortlenst,) ed Liability Company	L. C. Secretaria
The enclosed Articles of Ar	mendment and fee(s) are sub-	mitted for filing.	J. S.
Please return all correspond	lence concerning this matter	to the following:	₹.
	1 ropila 574 /2 57. Peter	Name of Person Name of Person Firm/Company Address City/State and Zip Code	370/
	E-mail address: (t	o be used for future annual report notification	BEAUTIFUL.S
For further information cor	erson (PS	all: at (<u>727) </u>	-5825 Telephone Number
Enclosed is a check for the	following amount: \$\int\\$30.00 \text{ 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

ARTICLES OF ORGANIZATION OF	THE POST OF THE PARTY OF THE PA
(Name of the Limited Liability Company as it now appears on our records.) (A Florida Limited Liability Company)	er of
The Articles of Organization for this Limited Liability Company were filed on	D/(and assigned
Florida document number <u>L10000</u> 003206	
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 "L.L.C."	
Enter new principal offices address, if applicable:	18
Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS) 51. Perfore Source	,FL3374
Enter new mailing address, if applicable:	
(Mailing address MAY BE A POST OFFICE BOX) OUS	
B. If amending the registered agent and/or registered office address on our records, enter registered agent and/or the new registered office address here:	the name of the new
Name of New Registered Agent:	
New Registered Office Address: Enter Florida street ad	dress
ST. Peters burg , Florida_	3370/ 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, Signatury 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 Name Address Type of Action Remove Remove D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) 15 100% owned by Dated SILA (North of CL) Typed or frinted name of signee

Page 2 of 2

Filing Fee: \$25.00