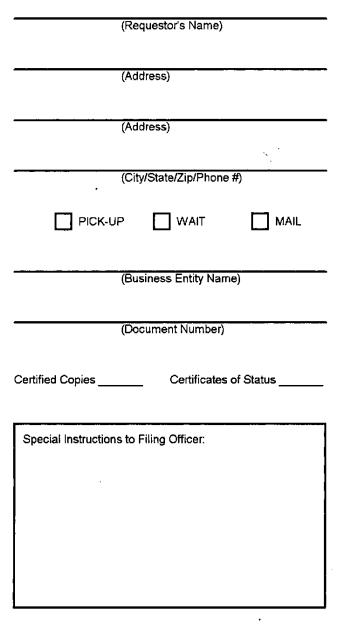
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ALL ANASSES FLORID

B. BOSTICK

OCT 5 2011

EXAMINER

COVER LETTER

TO:

TO:	Registration So Division of Co		•	
			ERPRISES, LLC	
			ited Liability Company	_
The en	closed Articles of	Amendment and fee(s) are su	bmitted for filing.	
Please	return all correspo	ondence concerning this matter	r to the following:	
Sto			ephen M. Stone, Esquire	
l aw (Law C	Offices of Stephen M. Stone	
			Firm/Company	
7		725	North Magnolia Avenue Address	<u> </u>
Orlando, Floric			Orlando, Florida 32803	77
		L ALLAH		
For fur	ther information o	E-mail address: (concerning this matter, please of	to be used for future annual report notification)	OCT -3 A
	·	M. Stone, Esquire	at (407) 423-7910 Area Code & Daytime Telephone Nu	FI S III
Enclose	ed is a check for t	he following amount:	, ,	÷ DA
\$25	.00 Filing Fee	\$30.00 Filing Fee & Certificate of Status	Certified Copy Cert (additional copy is enclosed) Cert	0 Filing Fee, ificate of Status & ified Copy litional copy is enclosed)
MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314		ration Section on of Corporations ox 6327	STREET/COURIER ADDRES Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301	S:

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

(Name of the Limited Liability Comp.	THISES, LLC	ars on our records)		
(Name of the Limited Liability Compa (A Florida Limited	Liability Company)		
The Articles of Organization for this Limited Liability Company	y were filed on	January 11, 2010 and	assigned	
lorida document numberL1000003846				
This amendment is submitted to amend the following:				
A. If amending name, <u>enter the new name of the limited lial</u>	bility company h	ere:		
The new name must be distinguishable and end with the words "Limb.L.C."	nited Liability Com	pany," the designation "LLC" or the	ne abbreviati	
Enter new principal offices address, if applicable:				
Principal office address MUST BE A STREET ADDRESS)		<u> </u>		
		<u> </u>	n erable.	
		37- 1 27- 1 27- 1		
Cuter new mailing address, if applicable:			रे हैं। सामग्रह	
Mailing address MAY BE A POST OFFICE BOX)		7) <u>1</u>	the state of the s	
		OR I		
		DE +	-	
3. If amending the registered agent and/or registered o		_	e of the ne	
egistered agent and/or the new registered office address he	<u>re</u> :			
Name of New Registered Agent:				
New Registered Office Address:				
	Enter Florida street address			
	, Florida			
	City	Zip Ce	ode	

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 amending the Managers or Managing Members on our records, <u>enter the title, name, and address of each Manager or Managing Member being added or removed from our records</u>:

MGR = Manager
MGRM = Managing Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
MGRM	JOHN MONTALDO	164 HOPE STREET LONGWOOD, FL 32750	Add ✓ Remove
MGRM_	STEPHEN M. STONE	725 N. MAGNOLIA AVENUE ORLANDO, FL 32803	Add ☐ Remove
			Add Remove
			Add Remove
			Add Remove
		T _A	Add Remove
D. If amend	ding any other information, enter change((s) here: (Attach additional sheets, if necessary.)	1 diamen
		LORDA DA	
 Dated	September 27 , 201	<u>1</u> .	
	Signature of a member of	or authorized representative of a member	
	Stepher	n M. Stone, Esquire	
	Typed or	r printed name of signee	······································

Page 2 of 2

Filing Fee: \$25.00