

| (Requestor's Name) | | | | |
|-----------------------------------------|--|--|--|--|
| | | | | |
| (Address) | | | | |
| | | | | |
| (Address) | | | | |
| (riddioso) | | | | |
| | | | | |
| (City/State/Zip/Phone #) | | | | |
| PICK-UP WAIT MAIL | | | | |
| | | | | |
| (Business Entity Name) | | | | |
| | | | | |
| (Document Number) | | | | |
| , | | | | |
| Code Code | | | | |
| Certified Copies Certificates of Status | | | | |
| | | | | |
| Special Instructions to Filing Officer: | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |

Office Use Only

G. MCLEOD

FEB - 1 2010

EXAMINER



000166252460

01/29/10--01012--005 **25.00

COVER LETTER

| TO: P | gistration Section rision of Corporations | |
|-------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----|
| SUBJECT | J. D. DowLing L.L.C. Name of Limited Liability Company | |
| | Name of Limited Liability Company | |
| The enclos | d Articles of Amendment and fee(s) are submitted for filing. | |
| Please retu | all correspondence concerning this matter to the following: | |
| | JAMES GENE DOULING Name of Person | |
| | Firm/Company | |
| | 1375 PALM LAY Address | |
| | SAN FORD FL. 32773 City/State and Zip Code | |
| | E-mail address: (to be used for future annual report notification) | |
| For further | nformation concerning this matter, please call: | |
| JA | Name of Person at (407) 509-9484 Area Code & Daytime Telephone Number | |
| Enclosed i | a check for the following amount: | |
| \$25.00 | Siling Fee Salono Filing Fee S | ed) |

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

| * | A DTI | LI O do Od O | O RGANIZAT | DIVISIONE TA | Flori |
|-----------------------------|-----------------------|----------------------------|-----------------------|------------------------|----------------------------------------|
| • | AKII | CLES OF O | | TON TON OF | AY II. |
| | | U | Г | 10 JAH 20 | ************************************** |
| r T. | Duly | | | TON TON JAH 29 | PH 2: 2 |
| (<u>N</u> | me of the Limited | . C. C. Liability Compa | ny as it now appea | ars on our records.) | <u>,, 5°</u> |
| | (A | Florida Limited I | Liability Company) | . | |
| e Articles of Organization | for this Limited Lia | ability Company | were filed on/ | 1/20/2010 | and assigned |
| orida document number | 11000000729 | . a | | | _ |
| | | | | | |
| nis amendment is submitted | to amend the follo | wing: | | | |
| If amending name, enter | the new name of | the limited lieb | ility company ho | wa. | |
| | | | <u>mry company ne</u> | ie. | |
| e new name must be distingu | WING C.L | C. | ted Liebility Comm | anu " the decimation | WII C" on the abbrevia |
| .L.C." | ishable and end with | i the words Limi | ned Clabinty Comp | any, the designation | "LLC or the abbrevia |
| nter new principal offices | addrass if applica | bla | N. 10 | | |
| rincipal office address MU | • • • | | | | |
| uncipal office diamess ty c | <u>SI BE A SIKELI</u> | (ADDRESS) | | | |
| | | | | | <u></u> |
| iter new mailing address, | if annlicable: | | N/0 | | |
| lailing address MAY BE A | | (A) | | | |
| aning unitess MAT DL A | 1031 OFFICE B | <u> </u> | | | |
| | | | | | |
| If amending the regist | ered agent and/o | r registered of | fice address on | our records, enter | the name of the n |
| istered agent and/or the | new registered off | ice address her | <u>e</u> : | | |
| | | | | | |
| Name of New Regis | tered Agent: | M/A. | | | |
| New Registered Off | ice Address: | | | | |
| | _ | | E | nter Florida street ac | ldress |
| | | | | E1 11 | |

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.

City

Zip Code

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 = Ma MGRM = N | nager Aanaging Member | | |
|----------------------|--------------------------------------------|-------------------------------------------------------|----------------|
| <u>Title</u> | <u>Name</u> | Address | Type of Action |
| | | | Add Remove |
| | | | Add Remove |
| D. If ameno | ling any other information, enter chang | ge(s) here: (Attach additional sheets, if necessary.) | |
| <u> </u> | | | |
| | | | |
| Dated/_ <i>a</i> | | · · · · · · · · · · · · · · · · · · · | |
| | Signature of a membe JAMES GENE Do Typed | er or authorized representative of a member | <u>_</u> |

Page 2 of 2

Filing Fee: \$25.00