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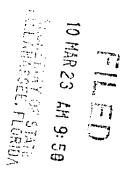
(Requestor's Name)	
(Address)	
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D. BRUCE

MAR 24 2010

EXAMINER

COVER LETTER

Division of Co			
SUBJECT: <u>1930</u>	Name of Lim	Hwy, LLC ited Liability Company	
The enclosed Articles of	Amendment and fee(s) are su	bmitted for filing.	
Please return all correspondent	ondence concerning this matter	r to the following:	
	Evelyn	Regina Rudnick Name of Person	,
•		Firm/Company	·····
	5236 Fis	her Island D	rive
		City/State and Zip Code	
	E-mail address: (bell south, no to be used for future annual report notification	
For further information c	concerning this matter, please of	call:	
Evelyn Ro Name o	Egina Rudnic	at (305 531-3 Area Code & Daytime Tel	
Enclosed is a check for the	ne 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

19300 5. 1) 1 X1 & (Name of the Limited Liabili	ty Company		records.	_	
·					
The Articles of Organization for this Limited Liability	Company w	vere filed on <u>Jan. 2</u>	8,2010 and	assigned	
Florida document number <u>L DD D DD D 8 3</u>	<u> 19</u> .				
This amendment is submitted to amend the following:	Add	Managing	Member	(None or Record	
A. If amending name, enter the new name of the lin	nited liabili	ity company here:			
•					
The new name must be distinguishable and end with the w "L.L.C."	ords "Limite	d Liability Company," the d	esignation "LLC" or t	he abbreviation	
Enter new principal offices address, if applicable:				10	
(Principal office address MUST BE A STREET ADL	RESS)		Dir Turks	75	
			70 ± 00 ± 00 ± 00 ± 00 ± 00 ± 00 ± 00 ±	C)	
			(T)	37= 375	
Enter new mailing address, if applicable:			mei	9 🖰	
(Mailing address MAY BE A POST OFFICE BOX)			20 m	ப் ம	
			2		
B. If amending the registered agent and/or regi			ds, enter the nam	e of the new	
Name of New Registered Agent:				<u> </u>	
New Registered Office Address:					
		Enter Florida street address , Florida			
_		City	FloridaZip C	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, 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 <u>Address</u> **Title Name** Evelyn Regina Rudnick MGRM 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 March 18, 2010. Evelyn Regina Rudnick

Evelyn Regina Rudnick

Typed or printed name of signee

Page 2 of 2

Filing Fee: \$25.00