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| PICK-UP WAIT MAIL                       |
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| Certified Copies Certificates of Status |
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| Special Instructions to Filing Officer: |
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SECRETARY OF SIALL DIVISION OF CORFORATION

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## **COVER LETTER**

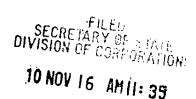
| TO:          | Registration So<br>Division of Co |   | **  | •  |
|--------------|-----------------------------------|---|---|--|
| SUBJI        | ect:                              | Abo   | ve All, LLC   |  |
|              | ,                                 |   | ited Liability Company  |  |
| The en       | closed Articles of                | Amendment and fee(s) are sul                  | bmitted for filing.   |  |
| Please       | return all correspo               | ondence concerning this matter                | r to the following:   |  |
|              |                                   |   | William Sutherland  |  |
|              |                                   |   | Name of Person  |  |
|              |                                   |   | Above All, LLC  |  |
|              |                                   |   | Firm/Company  |  |
|              |                                   | 1   | 20 Chelveston Place   |  |
|              |                                   |   | Address   |  |
|              |                                   |   | Atlanta, GA 30350   |  |
|              |                                   | ***************************************       | City/State and Zip Code   | <del></del>  |
|              |                                   | E-mail address: (                             | suther3@comcast.net<br>to be used for future annual report notifice | ation)   |
| For fur      | ther information c                | concerning this matter, please of             | •   |  |
|              |                                   | am Sutherland                                 | at ( 404 ) 3  Area Code & Daytime                                   | 92-0205  |
|              | Name o                            | f Person                                      | Area Code & Daytime   | l elephone Number  |
| Enclos       | ed is a check for t               | he following amount:                          |   |  |
| <b>\$2</b> 5 | .00 Filing Fee                    | \$30.00 Filing Fee &<br>Certificate of Status | S55.00 Filing Fee & Certified Copy (additional copy is enclosed)    | 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



| (Name of the Limited (A  | Above A<br>Liability Compa-<br>Florida Limited L | JI, LLC<br>ny as it now appears o<br>iability Company) | n our records.)      |  |
|--|--|--|----------------------|--|
| The Articles of Organization for this Limited Liz<br>Florida document number L10000016   |  | were filed onFet                                       | oruary 11, 2010      | and assigned                           |
| This amendment is submitted to amend the follo   | •  |  |                      |  |
| A. If amending name, enter the new name of   | the limited liab                                 | ility company here:                                    |                      |  |
| The new name must be distinguishable and end with "L.L.C."                               | n the words "Limi                                | ted Liability Company,                                 | " the designation "I | LC" or the abbreviation                |
| Enter new principal offices address, if applica  | ible:  | 4100 NE 22th A   | ve                   |  |
| (Principal office address MUST BE A STREET   | <u> (ADDRESS)</u>                                | Ft. Lauderdale,  | FL 33308             | ······································ |
|  |  |  |                      |  |
| Enter new mailing address, if applicable:  |  |  | ·····                | <del></del>                            |
| (Mailing address MAY BE A POST OFFICE I  | BOX)   |  |                      |  |
| B. If amending the registered agent and/o registered agent and/or the new registered off |  |  | records, enter t     | he name of the new                     |
| Name of New Registered Agent:  | ed Agent: William Sutherland                     |  |                      |  |
| New Registered Office Address:   | 4100 NE 22                                       |  | Florida street add   |  |
|  |  |  | r ioriaa sireet add  |  |
|  | Ft.  | Lauderdale<br>City                                     | , Florida            | 33308<br>Zip Code                      |
|  |  | C.1.y  |                      | zip Couc                               |

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, Signature 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

|             | <u>Name</u>                 | <u>Address</u>  | Type of Action   |
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| ameno       | ling any other information, | enter change(s) here: (Attach additional sheets, if nec | essary.)   |
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|             | Enser 9 th                  | , <u>2010</u> .   | I 6 MII: 3   |

Page 2 of 2

Filing Fee: \$25.00