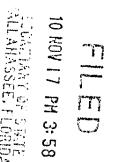
| (Req | uestor's Name) | |
|---------------------------|------------------|-------------|
| (Ädd | lress) | |
| (Add | lress) | |
| (City | /State/Zip/Phone | e #) |
| PICK-UP | ☐ WAIT | MAIL. |
| (Bus | iness Entity Nan | ne) |
| (Document Number) | | |
| Certified Copies | Certificates | s of Status |
| Special Instructions to F | iling Officer: | |
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| | | |

Office Use Only



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11/17/10--01005--001 **25.00



D. BRUCE

NOV 18 2010

EXAMINER

COVER LETTER

| TO: | Registration Sectorial Division of Corp. | tion orations | | | |
|---------------|--|--|---|---|--------|
| SUBJI | ECT: | George Good | 1 Times LLC ited Liability Company | | |
| | | • | | | |
| The en | closed Articles of A | mendment and fee(s) are sul | bmitted for filing. | | |
| Please | return all correspon | dence concerning this matter | r to the following: | | |
| | | Ra | ndy Lewis Name of Person | | |
| | | | Firm/Company | | |
| | | 211 | John Knox Road Address | 10 NOV | i"j |
| | | Tallahass | City/State and Zip Code | 10 NOV 17 PH 3: 58 ALLAHASSEE, FLORID | = 7 |
| | | E-mail address: (| to be used for future annual report notifica | tion) RDA | * |
| For fur | ther information cor | ncerning this matter, please of | call: | | |
| | Randy Name of I | Lewis | at (850) 524 - 2 Area Code & Daytime T | 2378 Celephone Number | |
| Enclos | ed is a check for the | following amount: | | | |
| Y \$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 |) |
| | MAILIN | G ADDRESS: | STREET/COURIE | R ADDRESS: | |

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

| St. George Go | od Times LLC | |
|--|---|-------------------------------------|
| (<u>Name of the Limited Liability</u> (A Florida | y Company as it now appears on our re Limited Liability Company) | ecords. |
| The Articles of Organization for this Limited Liability (| Company were filed on $\frac{2/26}{}$ | 2010 and assigned |
| Florida document number | 594 | |
| This amendment is submitted to amend the following: | | |
| A. If amending name, enter the new name of the lim | ited liability company here: | |
| The new name must be distinguishable and end with the wo "L.L.C." | rds "Limited Liability Company," the des | signation "LLC" or the abbreviation |
| Enter new principal offices address, if applicable: | | 2 5 TI |
| (Principal office address MUST BE A STREET ADDI | RESS) | 93 J |
| | · | The B III |
| Enter new mailing address, if applicable: | | 3: 58 581E |
| (Mailing address MAY BE A POST OFFICE BOX) | | |
| | | |
| B. If amending the registered agent and/or registered agent and/or the new registered office add | | ls, enter the name of the new |
| | | |
| Name of New Registered Agent: | | |
| New Registered Office Address: | Enter Florida | street address |
| | | |
| | , F | Florida 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, Signature of New Registered Agent

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 Bobbin | Type of Action |
|---------------|---|--|---------------------------|
| MGRM | Elizabeth C. Lewis | 3750 Bobbin Brook Com Tallohassee FL 32312 | Add Remove |
| m G <u>RM</u> | Steven G. Lewis | 410 Pine St. 40 P.O. Box 775893 Steambort Speings (0 8 | Add Remove 0477 |
| MG <u>RM</u> | Kathryn N. Lewis | 474 Groveland Hills Drive Tallahassee FL 32317 | Add Remove |
| MGR | Randolph G. Lewis | Tallahassee FL 32303 | Add Kemove |
| MGRM | Randolph G. Lewis | 211 John Knox Road Tallahassee FL 32303 | Add Remove |
| | | | Add Remove |
| D. If amend | ling any other information, enter chang | | FILED 10 NOV 17 PH 3: 58 |
| Dated/ | Signature of a member Steven G. Typed | or authorized representative of a member | ······ |
| | Steven G. Typed | Lewis or printed name of signee | |

Page 2 of 2

Filing Fee: \$25.00