L10000026745

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J. SAULSBERRY EXAMINER

OCT 8 2010

COVER LETTER

TO: Registration Section Division of Corpora				
<u> </u>	Norris Han Name of Limit	olyman Services ed Viability Company	L.L.C.	
The enclosed Articles of Ame	ndment and fee(s) are sub-	mitted for filing.		
Please return all corresponden	ice concerning this matter	to the following:		
	Danny	R. Morris Name of Person		Ο.
-	Danny Mo	rris Handym ar	1 Services LILI	,
_	1204 BRan	don Lakes Ave	ZOIO OCT	
	Valvice, Flor	rida 33594 City/State and Zip Code	OCT -7	<u> </u>
. –	Sm 33594 E-mail address: (to	So be used for future annual report notificat		
For further information conce	rning this matter, please ca	all:	PHI2: 26 OF STATE OF LURIDA	***************************************
Danny R. or	Shelia L. Morr	at (813) 684 - 038 Area Code & Daytime T	59 clephone Number	
Enclosed is a check for the fol	llowing amount:	·		
,	\$30.00 Filing Fee & Certificate of Status	S55.00 Filing Fee & Certified Copy (additional copy is enclosed)	\$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)	ed)
Registration Division of P.O. Box 63	Corporations 327	STREET/COURIER Registration Section Division of Corporation Clifton Building 2661 Executive Cente	ons	
Registration Division of	n Section Corporations 327	Registration Section Division of Corporation	ons er Circle	

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

The Articles of Organization for this Limited Liability Company were filed on March 9,2010 and assigned Florida document number L 100000 26745.

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

The new name must be distinguishable and end with the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."

Enter new principal offices address, if applicable:

(Principal office address MUST BE A STREET ADDRESS)

B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here:

,	City	, Florida Zip Code
New Registered Office Address.	Enter Florida street address	
New Registered Office Address:		
Name of New Registered Agent:		

New Registered Agent's Signature, if changing Registered Agent:

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

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** Address Title Name Haole Brandon Lakes ave Valorico, Florida 33594 MGR Remove Add ☐ Remove Remove Remove Add Remove ∏Add Remove D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) Signature of a member or authorized representative of a member

Page 2 of 2

Filing Fee: \$25.00