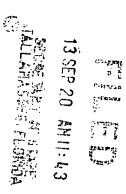
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Special Instructions to F	Elling Officer:	
Special instructions to r	illing Officer.	





09/20/13--01010--004 \*\*25.00



## **COVER LETTER**

TO: Registration Se Division of Cor			
SUBJECT:	terrington 1	toldings, LLC ed Liability Company	
The enclosed Articles of A	Amendment and fee(s) are subr	nitted for filing.	
Please return all correspo	ndence concerning this matter t	to the following:	
		Coree Herring	gton
		Firm/Company	
	5401	Bayshore Driv	<u>e</u>
	<u>Semin</u> Cor		12 Lom
	E-mail address: (to	be used for future annual report notificati	on)
_	Herrington	11: at (727) 580 + C Area Code & Daytime Te	744
Name of Enclosed is a check for the		Area Code & Daytime Te	elephone Number
\$25.00 Filing Fee	□\$30.00 Filing Fee & Certificate of Status	□\$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	Certificate of Status & Certificate 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 L	INGTON  iability Company is  lorida Limited Liab	as it now appears or	195		
The Articles of Organization for this Limited Liab	oility Company we 997 <u>5</u>	ere filed on <u>3</u>	/17/aoic	and assig	ned
This amendment is submitted to amend the follow	ring:				
A. If amending name, enter the new name of t	he limited liabilit	y company here:			
The new name must be distinguishable and end with "L.L.C."	the words "Limited	Liability Company,	the designation "l	LLC" or the ab	breviation
Enter new principal offices address, if applicab	ole:	5401	Baysh	ore. Di	rive.
(Principal office address MUST BE A STREET	_	Semi	. 1	<u>, 337</u>	72
Enter new mailing address, if applicable:	_	5401	Baysh	ore Dr	ive
(Mailing address MAY BE A POST OFFICE BO	<u>0x)</u>	Semi	nole, Fr	337	72
B. If amending the registered agent and/or registered agent and/or the new registered office		e address on our	records, enter (	13 SE of 13	the new
Name of New Registered Agent:					्री के हैं। विकास
New Registered Office Address:	5401	Baysho Enter	re Dr	rve 5	Transf.
	Sem	inole	, Florida	337	12
	(	ıty		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 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	Type of Action
		5401 Bayshore Semunole, FL	Drive Add New ADDRES
<del></del>			Add
			Add
-			Add Remove
			3 SE Add Remove
			Add Remove

). If am	ending any other information, enter change(s) here: (Attach additional sheets, if necessary.)
	•
ated	Sept 17, 2013.
	Coree Oberrington,
	Signature of a member or authorized representative of a member
	(pree Herrington
	Typed or printed name of signee
	D 2 52

Page 3 of 3

Filing Fee: \$25.00

13 SEP 20 MHII: 43