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(Ac	idress)	
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(Cit	ty/State/Zip/Phone	⇒ #)
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EXAMINER



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SECRETARY OF STATE ALLAHASSEE, FLORIDA

COVER LETTER

TO:	Registration S Division of Co			\$
SUBJE	CT:	SPEC	CIFIC-U, LLC	
00001			ited Liability Company	
The end	closed Articles of	f Amendment and fee(s) are su	bmitted for filing.	
Please	return all corresp	ondence concerning this matter	r to the following:	
			WILLIS BEVELLE III Name of Person	
			SPECIFIC-U, LLC	
	Firm/Company			
	1631 ROCK SPRINGS ROAD, SUITE 120 Address			
	APOPKA, FL 32712-2229			
City/State and Zip Code				
		E-mail address: (LIS@SPECIFIC-U.COM to be used for future annual report not	fication)
For furt	her information of	concerning this matter, please of	all:	
		IS BEVELLE III	at (_407_)	221-3894
	Name o	of Person	Area Code & Daytir	ne Telephone Number
Enclose	ed is a check for t	he following amount:		
□\$ 25.	00 Filing Fee	\$30.00 Filing Fee & Certificate of Status	\$55.00 Filing Fee & Certified Copy (additional copy is enclose	Certificate of Status & Certified Copy (additional copy is enclosed)
	Registi Divisio P.O. B	ING ADDRESS: ration Section on of Corporations ox 6327 assee, FL 32314	STREET/COUR Registration Secti Division of Corpo Clifton Building 2661 Executive C Tallahassee, FL 3	on rations enter Circle

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

(Name of the Limited L	KW STAF ability Compa orida Limited I	FING, LLC <u>ny as it now appears on our rec</u> Liability Company)	ords.)			
The Articles of Organization for this Limited Liabi		were filed on MARCH 2	2, 2010	and a	ssigne	d
This amendment is submitted to amend the followi	ng:					
A. If amending name, enter the new name of th	e limited liab	ility company here:				
	SPECIFIC	-U, LLC				
The new name must be distinguishable and end with th "L.L.C."	ne words "Limi	ted Liability Company," the desi	gnation "L	LC" or the	abbre	viation
Enter new principal offices address, if applicabl	e:	1631 ROCK SPRINGS	ROAD	Þω		
(Principal office address MUST BE A STREET A	(DDRESS)	SUITE 120			7	
		APOPKA, FL 32712-22	29	₹ñ	833	
Enter new mailing address, if applicable:		1631 ROCK SPRINGS	ROAD	SSEE.	28 AM	
(Mailing address MAY BE A POST OFFICE BOX)		SUITE 120		01. 11.5	ੜ	O
		APOPKA, FL 32712-22	29	RIC	5	
B. If amending the registered agent and/or registered agent and/or the new registered office Name of New Registered Agent: New Registered Office Address:	address her	SPRINGS ROAD, SUITE Enter Florida s. APOPKA , Fle	E 120	ess 32712-	2229	e new
-		City		Zip Cod	le	

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

<u>Title</u>	<u>Name</u>	Address	Type of Action
MGRM	CIAREN K. BEVELLE	1631 ROCK SPRINGS ROAD SUITE 120 APOPKA, FL 32712-2229	Add Remove
**************************************			Add Remove
			Add Remove
			Add Remove
			Add Remove
			Add Remove
	iing any other information, ente	r change(s) here: (Attach additional sheets, if necessary.) HAND NUTRITION	
Dated	FEBRUARY 22	2011 .	
	Signature of a	MILLIS BEVELLE III Typed or printed name of signee	

Page 2 of 2

Filing Fee: \$25.00