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(Reque	stor's Name)	
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Certified Copies	Certificates o	f Status
Special Instructions to Filir	ng Officer:	, ,

A. LUNT

OCT -4 2010

EXAMINER

Office Use Only



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10/01/10--01007--001 **25.00



COVER LETTER

FO: Registration Section Division of Corporations		
SUBJECT: Name of Limited Liability Company		
The enclosed Articles of Amendment and fee(s) are submitted for filing.		
Please return all correspondence concerning this matter to the following:	7A 28	
TRICIA RAE DAVITA Name of Person	2010 OCT - 1 PM SECKLIARY OF TALLAHASSEE.F	
Firm/Company	PH 2: 34 OF STATE SELFLORIDA	
5510 3rd Aug		
Address		
Kywest +L 33040		
E-mail address: (to be used for future annual report notification)	net	
For further information concerning this matter, please call:		
TRICIA PLAE DAVILA at 305, 2962893		
Name of Person Area Code & Daytime Telephone Number	T	
Enclosed is a check for the following amount:		
(additional copy is enclosed) Certifie	ate of Status &	esed)

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

Augay	One UC		
(Name of the Limited Liability Compar (A Florida Limited L	ny as it now appears on our records iability Company)	<u>s.)</u>	
The Articles of Organization for this Limited Liability Company Florida document number	were filed on 04 14	and assigned	
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited liab		2010 (See	
The new name must be distinguishable and end with the words "Limi" L.L.C."	ted Liability Company," the designat	ion all C" of the abbreviation	
Enter new principal offices address, if applicable:			
(Principal office address MUST BE A STREET ADDRESS)			
Enter new mailing address, if applicable:			
(Mailing address MAY BE A POST OFFICE BOX)	MA		
B. If amending the registered agent and/or registered of registered agent and/or the new registered office address here		ter the name of the new	
Name of New Registered Agent:	N/10		
New Registered Office Address:	Enter Florida stree	et address	
	, Florida		
	City	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. $\begin{picture}(1,0) \put(0,0) \put(0,0)$

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:

. . .A

MGR = Manager

MGRM = Managing Member **Title** <u>Name</u> **Address Type of Action** MARCUS A Davila Remove ☐ Add ☐ Remove Remove **☆**Add Remove ∏Add Remove D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) Dated Signature of a member or authorized representative of a member

Typed or printed name of signee
Page 2 of 2

TRICIA RAE

Filing Fee: \$25.00