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TO: Registration Section Division of Corporations
SUBJECT: De parted dresidents Name of Limited Liability Company
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:
And lew Bilken Feld Name of Person Departed Presidents Firm/Company
Name of Person
Republed Presidents
Firm/Company
950 Brisbane St Ne
Address
Palm Ba Fl 32907 City/State and Zip Code Departed Pres idents@ amail-com E-mail address: (to be used for future annual report notification)
City/State and Zip Code
E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Andlew Bikken Feld at (321) 4809264 Name of Person Area Code & Daytime Telephone Number
Enclosed is a check for the following amount:
\$25.00 Filing Fee \$\ \text{Certificate of Status}\$\$ \$55.00 Filing Fee \$\ \text{Certified Copy}\$ (additional copy is enclosed) \$\$ \$60.00 Filing Fee, \$\ \text{Certified Copy}\$ (certified 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

FILED

ARTICLES OF ORGANIZATION 10 APR 30 PM 12: 37

This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: DEPARTED PRESTOENTS LCC The new name must be distinguishable and end with the words "Limited Liability Company," the designation "LLC" or the abbreviat "L.L.C." 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) B. If amending the registered agent and/or registered office address on our records, enter the name of the registered agent and/or the new registered office address here: Name of New Registered Agent: New Registered Office Address:	(A Florida Limite	d Liability Compa	iny)	
The new name must be distinguishable and end with the words "Limited Liability Company," the designation "LLC" or the abbreviat "L.L.C." 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) B. If amending the registered agent and/or registered office address on our records, enter the name of the registered agent and/or the new registered office address here: Name of New Registered Agent: New Registered Office Address:	The Articles of Organization for this Limited Liability Compa Florida document number <u>L 100000403</u> 6	ny were filed on	4-15-2010	and assigned
The new name must be distinguishable and end with the words "Limited Liability Company," the designation "LLC" or the abbreviat "L.L.C." 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) B. If amending the registered agent and/or registered office address on our records, enter the name of the registered agent and/or the new registered office address here: Name of New Registered Agent: New Registered Office Address:	This amendment is submitted to amend the following:			
New Registered Office Address:	DEPARTED PRESIDENTS The new name must be distinguishable and end with the words "Li	LLC		C" or the abbreviatio
(Mailing address MAY BE A POST OFFICE BOX) B. If amending the registered agent and/or registered office address on our records, enter the name of the n registered agent and/or the new registered office address here: Name of New Registered Agent: New Registered Office Address:				
Name of New Registered Agent: New Registered Office Address:	, ,			
New Registered Office Address:	registered agent and/or the new registered office address h		on our records, <u>enter th</u>	e name of the nev
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Enter Florida street address			Enter Florida street addre	ess
, Florida			, Florida	
City Zip Code	· · · · · · · · · · · · · · · · · · ·	City		Zip Code

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

	Managing Member		
<u>Title</u>	<u>Name</u>	Address	Type of Action
			— <u> </u>
			Add Remove
			
			Add Remove
			Add Remove
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D. If amen	ding any other information,	enter change(s) here: (Attach additional shee	ets, if necessary.)
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Dated	1-27-2010	· · · · · · · · · · · · · · · · · · ·	10 10 10 10 10 10 10 10
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Filing Fee: \$25.00