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2010 SEP 10 PM 4: 20

## **COVER LETTER**

TO:	Registration Sect Division of Corpo						
SUBJE	·	IJD					
SUBJE		Name of Limi	ited Liability Company				
The en	closed Articles of A	mendment and fee(s) are sul	omitted for filing.				
Please	return all correspond	dence concerning this matter	to the following:				
			CALL KATEN Name of Person	· · · · · · · · · · · · · · · · · · ·			
			Firm/Company		TENERS OF THE	2010 SEP	
		4321	Casper CT			2010 SEP 10 PM 4: 20	FT
		Holly	City/State and Zip Code	150	TATE	կ։ 20	** (6 n.p. a-34)*
		E-mail address: (	TENEGMA / Co to be used for further annual report notifica	tion)			
For fur	ther information cor	ncerning this matter, please of		561/			
	Name of I	Person	Area Code & Daytime 1	elephone Number	r		
Enclose	ed is a check for the	following amount:					
<b>\$25</b>	.00 Filing Fee	Certificate of Status	\$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	Certified	ite of Statu		ed)
	MAILIN	G ADDRESS:	STREET/COURIE	R ADDRESS:			

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

IJ	0		
(Name of the Limited Liability (A Florida I	Company as it now app Limited Liability Company	ears on our records.)	
The Articles of Organization for this Limited Liability C Florida document number		05-07-2010	and assigned
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limit	ted liability company t	<u>iere</u> :	
The new name must be distinguishable and end with the wor "L.L.C."	ds "Limited Liability Con	npany," the designation "LLo	C" or the abbreviation
Enter new principal offices address, if applicable:			
(Principal office address MUST BE A STREET ADDR	(ESS)		20
		<b>T</b>	S S
Enter new mailing address, if applicable:	<del></del>	Pro-	0
(Mailing address MAY BE A POST OFFICE BOX)			
	***************************************		<b>≯</b>
		Figural Mars ys ys . 9s	0
B. If amending the registered agent and/or registered agent and/or the new registered office add		n our records, enter the	name of the new
registered agent and/or the new registered office add	icas nere.		
Name of New Registered Agent:			
New Registered Office Address:		·	
		Enter Florida street addre	SS
		, 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.

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 = Ma MGRM = M	nager Ianaging Member		
<u>Title</u>	<u>Name</u>	Address	Type of Action
	Joer Shumpa		Add Remove
MGR	Dancec Karte	Hollyword fr 33021	Add  Add  Remove
			Add Remove
	<del></del>		Add Remove
			AddRemove
<del></del>	<del></del>		Add Remove
D. If amend	ding any other information, e	enter change(s) here: (Attach additional sheets, if necessary	SA SE
			LED FILESTATE 20
Dated	09.06-10	Van	
	Signature	of a member or authorized representative of a member  Toung har to	
		Typed or printed name of signee  Page 2 of 2	

Filing Fee: \$25.00