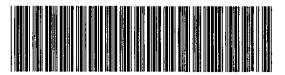
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(Requestor's Name)
(Address)
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(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
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A. LUNT
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EXAMINER

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12/17/12--01025--010 **25.00

COVER LETTER

. TO: Registration S Division of Co			12.
SUBJECT:	Bankred	OS. Com, LLC ted Liability Company	TARKS SEE
The enclosed Articles of	f Amendment and fec(s) are sub	mitted for tiling.	<u>ب</u> بي الم
Please return all corresp	ondence concerning this matter	to the following:	100 mg
	Gin	a Boyleston	
	Ba	KEUS. COM.	CLC
	31 W	Garden St.	Ste 205
	Per	1 Sicola FC 3	2502
	E-meil didress: (i	City/State and Zip Code abov/pstone	Patt.net
Bria	concerning this matter, please of MUZDAS of Person	<i>P</i>	7476 Scphone Number
Enclosed is a check for	the following amount:		
525.00 Filing Fee	Certificate of Status	□\$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	U\$60.00 Filing Fee. Certificate of Status & 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, F1, 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION

ARTICLES OF OF	CGANIZATION 企。 遍
OF	negotian in the second
Bank REUS. C. (Name of the Limited Liability Company) (A Florida Limited Liability)	om LLC y as it now appears on our records.) ability Company)
The Articles of Organization for this Limited Liability Company vi Florida document number <u>L / 00000 509/8</u>	vere filed on 5/10/2010 grand assigned
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liabil	ity company here:
The new name must be distinguishable and end with the words "Limite	d Liability Company," the designation "LLC" or the abbreviation
"L.L.C." Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS)	31 M. Garden St. Ste 205 Pensacala Fc 32502
Enter new mailing address, if applicable: (Malling address MAY BE A POST OFFICE BOX)	Same
B. If amending the registered agent and/or registered office registered agent and/or the new registered office address here:	
Name of New Registered Agent:	na Boyleston I Garden St. Ste 205
Pen	Enter Florida servet address SAC 6/A Florida FL 32502 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 proyaled for in Chapter 608, F.S. Or, if this document is being filed to merely reflect a change in the registered office algress, 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

Page 1 of 3

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 = Mana MGRM = Mar	ger naging Member				
Title	Name	Address	Type of Action		
MGRM	_Gina Buylosto	n 31W. Garden St. Sterr Pensagola FC 32502	Remove		
MGR#H	Carmen Bernard	1574 Datura St. West Palm Brach FC 3340	Add Remove		
		75	Add Remove		
			Add Remove		
			Add		

D. If a	mending any other information, enter change(s) here: (Attach additional sheets, if necessary.)
-	
Dated _	12/12 1. 127.
	Lean Bel &
	Signature of a member or authorized representative of a member
	(SIDA BOILLESTON
	Lyped or printed name of signee
	Page 3 of 3

Filing Fee: \$25.00

Marie Paris