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## **COVER LETTER**

TO: Registration Section Division of Corpo		sv. *
SUBJĚCT: "MO CO S FC	Name of Limited Liability Company	Beach, Like
The enclosed Articles of Ar	mendment and fee(s) are submitted for filling.	
	dence concerning this matter to the following:	
•.	LYNN J. Mame of Person	
· · · · · · · · · · · · · · · · · · ·	Firm/Company	
	714 South Lace ?	<u> </u>
	City/State and Zip Code  City/State and Zip Code  E-mail address: (to be used for future annual report notification)	<u>46</u> 2
For further information con	E-mail address: (to be used for future annual report notification)	wigil . com
	- · · · · · · · · · · · · · · · · · · ·	
Lyw J. Name of Po	Person at (56) 429 2 Area Code & Daytime Telephone 1	Number
Enclosed is a check for the	following amount:	
\$25.00 Filing Fee	Certificate of Status Certified Copy Certificate of Status (additional copy is enclosed) Certified Copy (additional copy is enclosed)	.00 Filing Fee, ertificate of Status & ertified Copy Iditional 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 ARTICLES OF ORGANIZATION OF

(Name of the Limited Liab (A Flor	U & ST +	t e continua	S o	S (=	امد	B	nuk, L
(A Flor	ida Limited Lia	ability Comp	any)	ui iccorus.			
The Articles of Organization for this Limited Liabili	ty Company v						
Florida document number 1100005	107H						
This amendment is submitted to amend the following	g:						
A. If amending name, enter the new name of the	limited liabil	ity compan	y here:				
The new name must be distinguishable and end with the "L.L.C."	words "Limite	ed Liability C	Company," th	ne designation	ı "LLC" o	r the ab	breviation
Enter new principal offices address, if applicable	:						
(Principal office address MUST BE A STREET AL	DDRESS)	T. 188					<del>.</del>
Enter new mailing address, if applicable:							
(Mailing address MAY BE A POST OFFICE BOX	2	<del></del>	· · · · · · · · · · · · · · · · · · ·				
B. If amending the registered agent and/or registered agent and/or the new registered office			on our re	cords, ente	er the na	me of	the new
Name of New Registered Agent:				•		APR	I PET THE PET
New Registered Office Address:			n . n			‡	Carriers
			Enter Flo	orida street d , Florida	TO CO	P S	O
<del>-</del>		City		, 1 101 <b>101</b>	Z.Z.p	Code	
New Registered Agent's Signature, if changing Registered	tered Agent:				<b>**</b>	•	

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:

	ager anaging Member		
Title	<u>Name</u>	<u>Address</u>	Type of Action
MGR	Celeritas	HTLANTA CA FORMS	Add Remove
			Add Remove
			Add
			Kemove
			Add Remove
			Add Remove
			Add
D. If amend	ing any other informat	ion, enter change(s) here: (Attach additional sheets, if necessary	
_			
Dated		,,	
		nature of a member or authorized representative of a member  Typed or printed name of signee	
		I yped or printed name of signee	

Page 2 of 2

Filing Fee: \$25.00