LICOCOOLOP

•								
(Requestor's Name)								
(Address)								
(Address)								
(City/State/Zip/Phone #)								
PICK-UP WAIT MAIL								
(Business Entity Name)								
(Document Number)								
Certified Copies Certificates of Status								
Special Instructions to Filing Officer:								
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L. SELLERS								

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09/26/12--01004--002 **25.00

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12 SEP 26 PM 4: 10

SECRETARY OF STATE
AND ASSEE, FLORIDA

COVER LETTER

TO:	Registration Se Division of Cor	ction porations	₩		13		Man Harry Williams	t.			
SUBJI	ECT:	LOWI HOLDINGS	LC								
	Name of Limited Liability Company										
The en	closed Articles of	Amendment and fee(s) are	submitted for	filing.							
Please	return all correspo	ndence concerning this ma	atter to the foll	owing:							
		RomA	N SKYL	1R	<u> </u>						
			Nam	e of Person							
			· · · Firm	n/Company							
Address											
		PLANTATIO	N FL	33323							
											
		Dock AVE	N 74@ \/ ss: (to be used f	H GO . CO	M val report notific	cation)		v.			
For fur	rther information co	oncerning this matter, plea				······					
	Roman Name o	SKYLAR	at	(95 4) 6 Area C	288-729 ode & Daytime	Telephone 1	Number				
					•	-					
Enclos	sed is a check for th	ne following amount:									
\$25	5.00 Filing Fee	\$30.00 Filing Fee & Certificate of Statu	ıs Ce	00 Filing Fe rtified Copy Iditional cop		Co	.00 Filing Fee, ertificate of Stat ertified Copy dditional copy i				

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

NAOMI HO	MINGS LLC					
(Name of the Limited (A	Liability Company	as it now appears on	our records.)			
The Articles of Organization for this Limited List Florida document number	ability Company w	ere filed on \mathcal{L}	8/2010	and assigned		
Florida document number L 1000006	1019	/	7	<u> </u>		
riorida document number	-					
TT 1						
This amendment is submitted to amend the follo	owing:					
A. If amending name, enter the new name of	the limited liabili	ty company here:				
The new name must be distinguishable and end with "L.L.C."	h the words "Limite	d Liability Company,"	the designation "	LLC" or the abbreviatio		
Enter new principal offices address, if applica	able:	11250 NI	N 12 5	Γ		
(Principal office address MUST BE A STREE	T ADDRESS)	PLANTATION	V FL 333	12 ST FL 33323		
		*Postick-code Plane comments	-			
Enter new mailing address, if applicable:		11250 NW	1 12 ST			
(Mailing address MAY BE A POST OFFICE I	PLANTATIO	N, FL 33	323			
		*				
B. If amending the registered agent and/or the new registered agent and/or the new registered of		e address on our	records, <u>enter</u>	the name of the nev		
registeren agent andror tile new registeren on	nce address here.					
Name of Name Basistand Access						
Name of New Registered Agent:						
New Registered Office Address:	11250	NW 12 5	T			
	11250 NW 12 ST Enter Florida street address					
	PLANT	7770N City	, Florida	3332-3		
		City	<u></u>	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 Membez being added or removed from our records:

MGR = Manager

MGRM = Managing Member **Title Name Address Type of Action** ☐ Add Remove SKYLAR FAMILY HOLDINGS, LP ∏ Add ☐ Remove ☐ Add ☐ Remove \neg Add 🗖 Remove \square Add Remove \square Add Remove D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) Signature of a member or authorized representative of a member ROMAN SKYLAR
Typed or printed name of signee

Page 2 of 2

Filing Fee: \$25.00