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SECRETARY OF STATE DIVISION OF CORPORATION

T. HAMPTON

JUL 27 2010

EXAMINER

COVER LETTER

T.O: Registration Section Division of Corporations
SUBJECT: NO-than Goetter 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:
Nathan Golffler Name of Person
Nathan Goettler, LCC Firm/Company
382 S. Orlando avl (#7)
Coco Blach, FL 32931 City/State and Zip Code
E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Na-than Goettler at 321, 525-6762 Name of Person at 321, 525-6762 Area Code & Daytime Telephone Number
Enclosed is a check for the following amount:
\$25.00 Filing Fee \$ Certificate of Status Certificate of Status S55.00 Filing Fee & Certified Copy (additional copy is enclosed) S60.00 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, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

	O	F		ت و	Sign
***	m			F.	NE SA
(Name of the Limited)		TLER, LLC	on our records.)	6	CRE
(A)	lorida Limited	Liability Company)	<u> </u>	2	CORPC CORPC
The Articles of Organization for this Limited Lia	hility Company	were filed on (O	117/10	and assig	$\mathcal{S}_{\mathcal{S}}}}}}}}}}$
	1969	were filed on		and 43 18	ALC.
Florida document number	1141				S
This amendment is submitted to amend the follow	wing:				
A. If amending name, <u>enter the new name of</u>	the limited ligh	ility company here	: <u>-</u>		
NIA.					· · ·
The new name must be distinguishable and end with 'L.L.C."	the words "Limi	ited Liability Company	y," the designation "	LLC" or the ab	breviation
Enter new principal offices address, if applica	ble:	350 N	<u>Atlar</u>	HIC A	ve_
(Principal office address MUST BE A STREET	'ADDRESS)	Cocoa J	5 lach, P	U 320	131
Enter new mailing address, if applicable:					
(Mailing address MAY BE A POST OFFICE B	OX)				
				•	
B. If amending the registered agent and/or registered agent and/or the new registered offi			r records, <u>enter</u>	the name of	the new
	\sim	• • • • • • • • • • • • • • • • • • • •	1 .		
Name of New Registered Agent:	Damy	rel Maila	nder		
Nam Dagistand OSS - Addi-	301	S. Milan	do Alle	(#7)	
New Registered Office Address:	<u> </u>	Enter	Florida street add		
	Corpa	Beach	T71*-t -	37.92	51
		City	, Florida	Zip Code	<u>, , </u>
				-	

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 Changing Registered Agent, Signature of New Registered Agent

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 = Manager

MGRM = Managing Member Title <u>Name</u> Address **Type of Action** Mathan Goettler Remove Add Remove ☐ Add Remove Add Remove ∐Add Remove □Add Remove D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) Dated_ Signature of a member or authorized representative of a member Samuel L. Mailender Typed or printed name of signee

Page 2 of 2

Filing Fee: \$25.00