L1000073111

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DETAILARASSEE FLORIDA ONISION OF CORPORATIONS TALLARASSEE FLORIDA

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EXAMINER

DIVISION OF CORPORATION OF CORPORATI

CAPITAL CONNECTION, INC.

417 E. Virginia Street, Suite 1 • Tallahassee, Florida 32301 (850) 224-8870 • 1-800-342-8062 • Fax (850) 222-1222

ELS NORTH AMERICA, LLC			_	
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			-	
bruce@idenlaw.com	l			Art of Inc. File
		· · · · ·	1	LTD Partnership File
				Foreign Corp. File
			✓	L.C. File
			<u> </u>	Fictitious Name File
				Trade/Service Mark
				Merger File
				Art. of Amend. File
				RA Resignation
				Dissolution / Withdrawal
				Annual Report / Reinstatement
				Cert. Copy
			<u> </u>	Photo Copy
				Certificate of Good Standing
				Certificate of Status
				Certificate of Fictitious Name
				Corp Record Search
				Officer Search
				Fictitious Search
Signature				Fictitious Owner Search
B				Vehicle Search
				Driving Record
Requested by: SETH	12/03/10	AM		UCC 1 or 3 File
Name	Date	Time		UCC 11 Search
Haille	Daic	Time		UCC 11 Retrieval
Walk-In	Will Pick Up			Courier

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

10 Orc S PASON STORY

SIS North Am	nerica.LLC	U,
(Name of the Limited Liability	Company as it now appears on our records.) imited Liability Company)	
The Articles of Organization for this Limited Liability Co. Florida document number <u>L100007311</u>	ompany were filed on July 12, 201	O and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limi By Others, C The new name must be distinguishable and end with the word "L.L.C."	1	"LLC" or the abbreviation
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDR	ress) \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	NA	
B. If amending the registered agent and/or regist registered agent and/or the new registered office addr		the name of the new
Name of New Registered Agent:	NIA	
New Registered Office Address:	Enter Florida street ac	ldress
<u></u>	, 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 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

	<u>Name</u>	<u>Address</u>	Type of Action
		NJA	Add Remove
		= NA	Add Remove
		N/A	Add Remove
		N A	Add Remove
		NA	Add Remove
		N P	Add Remove
If amend	ling any other information, enter cl	hange(s) here: (Attach additional sheets, if necessar	ry.)
		NA	
	ovember 39	2010.	
ied IVI.C	JV GV 164 - 51 /	$\frac{\alpha_{010}}{\alpha_{010}}$	

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