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SECRETARY OF STATE

# **COVER LETTER**

TO: Registration Security Division of Corp			
SUBJECT:	The Found Name of Limit	ed Liability Company	<u> </u>
The enclosed Articles of A	mendment and fee(s) are sub	mitted for filing.	
Please return all correspon	dence concerning this matter	to the following:	
	Joann	Name of Person	
	<del></del>	Firm/Company	
	655 /	tarbon FSLANS Address	
		Address  Add	
For further information con	ncerning this matter, please ca		
Joanne Of I	Hiller Person	at (729) 400 – 3 Area Code & Daytime Te	lephone Number
Enclosed is a check for the	following amount:		
\$25.00 Filing Fee	□\$30.00 Filing Fee & Certificate of Status	□\$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	□\$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, FL 32301

# ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

FILED
2013 JUL 12 PM 12: 26
SECRETARY OF STATE

The Fo	undation Group, LIKE FLORIDA
( <u>Name of the Limited Liab</u> (A Flori	ility Company as it now appears on our records.) ida Limited Liability Company)
The Articles of Organization for this Limited Liabilit	ty Company were filed on 8/4/2010 and assigned
Florida document number <u>L/000008</u>	
This amendment is submitted to amend the following	g;
A. If amending name, enter the new name of the	limited liability company here:
The new name must be distinguishable and end with the "L.L.C."	words "Limited Liability Company," the designation "LLC" or the abbreviation
Enter new principal offices address, if applicable:	
(Principal office address MUST BE A STREET AL	ODRESS)
Enter new mailing address, if applicable:	
(Mailing address MAY BE A POST OFFICE BOX	2
B. If amending the registered agent and/or re registered agent and/or the new registered office a	gistered office address on our records, <u>enter the name of the new</u> address here:
Name of New Registered Agent:	
New Registered Office Address:	Enter Florida street address
	, Florida
_	City Zin 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 Member being added or removed from our records:						
	IGR = Manager IGRM = Managing Member					
<u>Title</u>	<u>Name</u>	Address	Type of Action			
MGRM	Hiller Holdings, FIX.	655 HARbon Island	_ Add			
		Cleanwater, Fl 3376	フ			
			<u></u>			
mGR.M	LORNE Saltzman	655 HARber Islans Clearwater, 8/3376	Add			
		Clearwater, Fl3376	Remove			
			Add			
			Remove			
			-			
			Add			
			Remove			
			Add			
			Remove			
			-			
			Add			
			Remove			

ii amenc	ling any other information, enter change(s) here: (Attach additional sheets, if necessary.)
ted	7/10 20/3
	Signature of a member or authorized representative of a member
	Typed or printed name of signec

Page 3 of 3

Filing Fee: \$25.00

