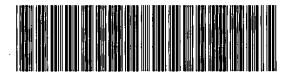
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(Requestor's Name)				
(Address)				
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SECRETARY OF STATE
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C. LEWIS

SEP 1 2010

EXAMINER

COVER LETTER

TO: Registration : Division of Co	Section **** orporations					
SUBJECT:	FLO	ORDA, LLC				
		ited Liability Company				
The enclosed Articles of	of Amendment and fee(s) are sul	bmitted for filing.				
Please return all corresp	condence concerning this matter	r to the following:				
		Name of Person				
CORPORATION SERVICE COMPANY						
		Firm/Company				
	1201 HAYS STREET					
		Address				
TALLAHASSEE FL 32301 US						
		City/State and Zip Code				
	E-mail address: (to be used for future annual report notifi	cation)			
For further information	concerning this matter, please of	call:				
Thomas Andrew Stilwell Name of Person		at (_248_)Area Code & Daytime	8726322			
1 100000	01.1013011	a coas a paya	·			
Enclosed is a check for	the following amount:					
\$25.00 Filing Fee	\$30.00 Filing Fee & Certificate of Status	S55.00 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

2010 AUG 3.1 PM 1 21

		TOTO HOR	24 11170
FLOOR		escat t	ARY OF STATE
(Name of the Limited Liability Compa (A Florida Limited)	ny as it now appea Liability Company)	rs on our records. HA	SSEE FLORIDA
•	,		
The Articles of Organization for this Limited Liability Company	were filed on	08/10/2010	and assigned
Florida document number L10000083941	•		
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited liab	oility company her	<u>re</u> :	
The new name must be distinguishable and end with the words "Lim	ited Liability Comp	any." the designation "L	LC" or the abbreviation
"L.L.C."		,	
Enter new principal offices address, if applicable:	Timothy G S	tilwell	
(Principal office address MUST BE A STREET ADDRESS)	5900 Bonita Beach Rd Unit 1301		
	Bonita Spring	gs, FL 34134	
Enter new mailing address, if applicable:	Timothy G St	ilwell	
(Mailing address MAY BE A POST OFFICE BOX)	5900 Bonita Beach Rd Unit 1301		
	Bonita Spring	gs, FL 34134	
B. If amending the registered agent and/or registered of	ffice address on	our records, <u>enter t</u>	he name of the new
registered agent and/or the new registered office address her	<u>re</u> :		
Name of New Registered Agent:			78 114 1
New Registered Office Address:			
	Er	nter Florida street add	ress
		, 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 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 <u>Title</u> Name **Address Type of Action Thomas Andrew Stilwell** MGRM Thomas Andrew Stilwell ✓ Add 304 Pio Oak Ln Apt 104 Remove East Lansing, MI 48823 STILWELL, TIMOTHY G MGRM <u>STILWELL. TIMOTHY G</u> 3525 E. COMMERCE RD. ✓ Remove COMMERCE TWP, MI 48382 MGRM Timothy G Stilwell Timothy G Stilwell ✓ Add 5900 Bonita Beach Rd Unit 1301 Remove Bonita Springs FL 34134 ∏Add ☐ Remove \square Add Remove □Add ___Remove D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) Employer Identification Number: 27-3279770 Augest 27 2010 Dated Signature of a member or authorized representative of a member Thomas Andrew Stilwell Typed or printed name of signee

Page 2 of 2

Filing Fee: \$25.00