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SECRETARY OF STATE
AND ANA SSEE FI ORID

## **COVER LETTER**

TO: Registration Section Division of Corporations				
SUBJECT: 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:				
Debby Isley Name of Person				
Firm/Company				
P.O. By 07355				
City/State and Zip Code  debibley@me.com  E-mail address: (to be used for future annual report notification)				
For further information concerning this matter, please call:				
Debby Isley at 239 209-0690  Name of Person Area Code & Daytime Telephone Number				
Enclosed is a check for the following amount:				
\$25.00 Filing Fee Certificate of Status  (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

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Nu -2 - U (- (Name of the Limited Liability (A Florida	Y Company as It now appears on Limited Liability Company)	our records.)	
The Articles of Organization for this Limited Liability ( Florida document number	Company were filed on 8/15	10 and assigned	
This amendment is submitted to amend the following:		PER ELECTIVE	
A. If amending name, enter the new name of the lim	nited liability company here:		
The new name must be distinguishable and end with the wo "L.L.C."	ords "Limited Liability Company," t	he designation "LLC" or the objection	
Enter new principal offices address, if applicable:	<u> </u>	475	
(Principal office address MUST BE A STREET ADD)	RESS)	,	
·	<del> </del>		
Enter new mailing address, if applicable:		**************************************	
(Mailing address MAY BE A POST OFFICE BOX)	***-**********************************	· · · · · · · · · · · · · · · · · · ·	
B. If amending the registered agent and/or registered agent and/or the new registered office add		ecords, enter the name of the new	
Name of New Registered Agent:			
New Registered Office Address:			
	Enter Florida street address		
	, 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

or Managing Member being added or removed from our records: MGR = Manager MGRM = Managing Member **Type of Action Title** <u>Name</u> **Address** □ 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.) 2012 Dated Signature of a member crauthorized representative of a member

If amending the Managers or Managing Members on our records, enter the title, name, and address of each Manager

Typed or printed name of signee
Page 2 of 2

Filing Fee: \$25.00