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SECRETARY OF STATE
DIVISION OF CORPORATION

T. HAMPTON

SEP 2 8 2010

EXAMINER

## **COVER LETTER**

TO: , F	Registration Sect Division of Corpo	ion prations				
SUBJECT	г.	· Al	lBiz. LLC			
SCHIEC			ited Liability Company			
The enclos	sed Articles of A	nendment and fee(s) are sul	omitted for filing.			
Please retu	urn all correspond	lence concerning this matter	to the following:			
	Joe Caruso, Jr  Name of Person					
	AllBiz, LLC Firm/Company					
	105 N. Eola Dr suite 4					
			Address			
	Orlando, Florida 32801  City/State and Zip Code					
			jmcjr@earthlink.net			
For further	information con	E-mail address: (t	to be used for future annual report	notification)		
		Caruso	at (_407_)	923-2049		
	Name of P	erson	Area Code & Da	sytime Telephone Number		
Enclosed is	s 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 encl	Sectificate of Status & Certificate Copy (additional copy is enclosed)		
	Registration of P.O. Box	G ADDRESS: on Section of Corporations 6327 e, FL 32314	Registration Se Division of Co Clifton Buildir	rporations		

Tallahassee, FL 32301

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

	AllBiz, LLC					
( <u>Name of the Limite</u> )	d Liability Company as it now ap A Florida Limited Liability Compar	pears on our records.				
The Articles of Organization for this Limited I  Florida document number L1000009  This amendment is submitted to amend the following the company of	iability Company were filed on 2955	•	3) SEP 27 PI			
A. If amending name, enter the new name of the limited liability company here:						
The new name must be distinguishable and end wind.L.L.C."  Enter new principal offices address, if applied to the control of t	cable:	mpany," the designation "	LLC" or the abbraration			
(Principal office address MUST BE A STRE)	<u> </u>		<del></del>			
Enter new mailing address, if applicable:  (Mailing address MAY BE A POST OFFICE)	<u>BOX)</u>					
B. If amending the registered agent and/registered agent and/or the new registered o		n our records, <u>enter</u>	the name of the new			
Name of New Registered Agent:	Joe Caruso, Jr	<del></del>				
New Registered Office Address:	105 N. Eola Dr., Suite 4					
	Enter Florida street address					
	Orlando	, Florida	32801			
	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

MGRM = Managing Member Type of Action **Address** <u>Title</u> Name **MGRM** Joe Caruso, Jr 105 N. Eola Dr. ✓ Add Suite 4 Remove Orlando, Fl. 32801 Larry D. Sliger MGRM P.O. Box 85 ☐ Add ✓ Remove Orlando Fl. 32802 ☐ Add Remove ∏Add Remove □Add Remove Add Remove D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) September 23 2010 Dated Signature of a member or authorized representative of a member Joe Caruso, Jr Typed or printed name of signee

Page 2 of 2

Filing Fee: \$25.00