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D. BRUCE

OCT 19 2010

**EYAMINER** 

## **COVER LETTER**

TO: Registration Division of C				
SUBJECT:	Same of Limi	and fre coot UC ted Liability Company		
The enclosed Articles	of Amendment and fee(s) are sub	omitted for filing.		
Please return all corres	pondence concerning this matter	to the following:		
	Boxa Fo	Name of Person  and Person  Firm/Company	· · · · · · · · · · · · · · · · · · ·	
	<u>428</u> Nu	35th Street	wk.3	
	_ Boxa	Ratur # 3 City/State and Zíp Code	3/3/	
	Bora Forman E-mail address: (1	d Present @ Jahon. lo be used for future annual report notificati	Com Kindre weo hont she	110
For further information	concerning this matter, please c	all:		
Name	e of Person	at ( <u>521)</u> 367-7 Area Code & Daytime Te	399 EE FLORIDE STATE OR OF STA	
Englosed is a check for	the following amount:		A	
\$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

(Name of the Limited Liability Company as it now as (A Florida Limited Liability Compa	opears on our records.)  uny)			
The Articles of Organization for this Limited Liability Company were filed on Florida document number	9-24-10 and assigned			
This amendment is submitted to amend the following:  A. If amending name, enter the new name of the limited liability company	y here:			
The new name must be distinguishable and end with the words "Limited Liability C "L.L.C."				
Enter new principal offices address, if applicable:  (Principal office address MUST BE A STREET ADDRESS)  Po	NW 35th Street le 3 ca Ration, FL 33431			
Enter new mailing address, if applicable:  (Mailing address MAY BE A POST OFFICE BOX)  Box	NW 35th St te 3 a Raton, 76 33431			
B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here:				
Name of New Registered Agent: Jorg Yva	n Norma			
New Registered Office Address: 42x NW 3:  Boxa Ra	Enter Florida street address  DO , Florida 33431			
City  New Peristered Agent's Signature if shanging Peristered Agents	Zip Code			

New Registered Agent's Signature, it 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, thereby confirm that the limited liability company has been notified in writing of this change.

If Changing Registered Agent, Signature of New Registered Agent

Page 1 of 2

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 **Address** Type of Action <u>Title</u> <u>Name</u> Remove ☐ Add Remove Add Remove ∏Add Remove ∏Add Remove D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) 2010 Dated ignature of a member of authorized representative of a member

yped of printed name of signee
Page 2 of 2

Filing Fee: \$25.00