L10000/60303

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SECRETARY OF STATE OIVISION OF CORPORATIONS

T. HAMPTON NOV - 9 2010

EXAMINED

COVER LETTER

Division of Corpo			
SUBJECT: Dex	A FOAM: Name of Limit	recast UC ted Liability Company	
The enclosed Articles of A	mendment and fee(s) are sub	emitted for filing.	
Please return all correspond	lence concerning this matter	to the following:	
	JiNDA Boxa Fi	Name of Person Tagast 14 Firm/Company	
	428 WW	35th Street	
	Boca 1	City/State and Zip Code	431
	Boxa Formand P. E-mail address: (1	to be used for future annual report notificat	indece westportshuce. com
For further information cor	cerning this matter, please c	,	
Name of F	Person	at (<u>521) 367- 73</u> 9 Area Code & Daytime To	elephone 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		STREET/COURIER	P ADDRESS.

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

FILED SECRETARY OF STATE DIVISION OF CORPORATIONS

10 NOV - 1 PM 1: 54

(A Florida Limited Liability Company) The Articles of Organization for this Limited Liability Company were filed on 9-29-10 and assigned Florida document number <u>L10000 1003</u>03. This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: The new name must be distinguishable and end with the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C." Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS) Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) 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: New Registered Office Address: Enter Florida street address 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 **Title** Name **Address Type of Action** Abroa, boge yvan Palmien, Gary R. Remove ☐ Add Remove ☐ Add Remove □Add Remove ∏Add Remove D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) Signature of a member or authorized representative of a member Typed or printed name of signee.

Page 2 of 2

Filing Fee: \$25.00