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(((H120001182963)))



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Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

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EXAMINER

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Corporate Filing Menu

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H12000118296 ARTICLES OF AMENDMENT

TO ARTICLES OF ORGANIZATION

FILED 12 APR 30 AM 8: 49 SECKLIARY OF STATE -TALLAHASSEE, FLORIDA

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	TEDKIOL		0UD (of Sout	H FLORID	\mathbf{x}_{-}
Name of the Limited (A)	<u> Jiability Com</u>	pany at it now a	ppears on o	ur records.)		
•	!			,		
The Articles of Organization for this Limited Lia	bility Compa	my were filed or	<u> 10/12</u>	3/2010	and assigned	
Florida document number <u>L10000107</u>	326		/	1		
		:				
This amendment is submitted to amend the follow	wing:	:				
A. If amending name, enter the new name of	the limited l	iability compan	y here:	•		
The new name must be distinguishable and end with "L.L.C."	the words "L	imited Liability C	ompany," th	ne designation "	LC" or the abbrevia	tion
Enter new principal offices address, if applica	ble:	4				
(Principal office address MUST BE A STREET	i					_
Transparoffice address most Diga Street	ADDRESS					_
•						-
		:				
Enter new mailing address, if applicable:	•					
(Mailing address MAY BE A POST OFFICE B	OX)					
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		•			•	
B. If amending the registered agent and/or registered agent and/or the new registered off			og our ro	cords, enter	the name of the n	<u>iew</u>
		ا م	Ň	1 ~ 0.		
Name of New Registered Agent:	Jude	Lmis	<u> 7</u> .	<u> </u>	<u> </u>	
New Registered Office Address:	9600	SW 8	St.	SIE 2	3 B	
rew Registred Office Address.	1000	<u> </u>		orida street ude	dress	_
	Min				ろろけも	
	10/100	City		, Florida	Zip Code	-
					Lip Code	
New Registered Agent's Signature, if changing Re	egistered Age	<u>ot:</u>				
I hereby accept the appointment as registered the provisions of all statutes relative to the pr accept the obligations of my position as regist being filed to merely reflect a change in the re company has been notified in writing of this c	oper and co. lered agent degistered off hange.	mplete perform as provided for	ance of my in Chapter erefly conf	duties, and I 608, F.S. Or, irsh that the li	am familiar with a , if this document is mited liability ,	nd

H12000118296

H12000118296

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:

Title	<u>Name</u>	Address	Type of Action
MGRM	ROBERT A. Moya		Add
		:	Add Remove
-7N-		:	Add Remove
			Add Remove
			Add Remove
			Add
	ing any other information, enter changed Change Yudelm	(s) here: (Attach additional sheets, if necessa	ry.)
	TO JMGRM"		
			FIL 12 APR 30 SECRLIA TALLAHA
			30 AM
Dated	1pril 30 m 201	2	STATE FLORID
	Jon Jon	or authorized representative of a member	0

Page 2 of 2

Filing Fee: \$25.00