

L10000107369

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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(Business Entity Name)

(Document Number)

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B. KOHR

JUL 29 2011

EXAMINER



800209780548

RECEIVED
11 JUL 29 PM 1:48
DEPT. OF REVENUE
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

FILED
11 JUL 29 PM 3:23
SECRETARY OF STATE
DIVISION OF CORPORATIONS



CORPORATION SERVICE COMPANY

ACCOUNT NO. : I20000000195

REFERENCE : 862819 81528A

AUTHORIZATION

COST LIMIT : \$ 25.00

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
11 JUL 29 PM 3:23

ORDER DATE : July 29, 2011

ORDER TIME : 11:51 AM

ORDER NO. : 862819-005

CUSTOMER NO: 81528A

DOMESTIC AMENDMENT FILING

NAME: EAEGIS LLC

EFFECTIVE DATE:

XX ARTICLES OF AMENDMENT
 RESTATED ARTICLES OF INCORPORATION

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

 CERTIFIED COPY
XX PLAIN STAMPED COPY
 CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Susie Knight -- EXT# 2956

EXAMINER'S INITIALS: _____

ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF

EAEGIS LLC

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
11 JUL 29 PM 3:23

The Articles of Organization for this Limited Liability Company were filed on 10/13/2010 and assigned
Florida document number L10000107369

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: Douglas W. Oswald

New Registered Office Address: 222 S. Westmonte Drive, Suite 210

Enter Florida street address

Altamonte Springs

City

Florida

32714

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

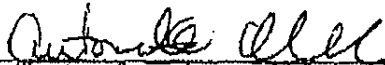
If amending the Managers or Managing Members on our records, enter the title, name, and address of each Manager or Managing Member being added or removed from our records:

MGR = Manager
MGRM = Managing Member

Title	Name	Address	Type of Action
MGRM	Fatema Mawji	2005 Tree Fork Lane, Unit 125 Longwood, Florida 32750	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
MGR	Mohamed Mawji	2005 Tree Fork Lane, Unit 125 Longwood, Florida 32750	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
MGR	Antonette Novak	2005 Tree Fork Lane, Unit 125 Longwood, Florida 32750	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
MGR	Gulamabbas Mawji	2005 Tree Fork Lane, Unit 125 Longwood, Florida 32750	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove

D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

Dated 7-29-2011



Signature of a member or authorized representative of a member

Antonette Novak

Typed or printed name of signer

Page 2 of 2

Filing Fee: \$25.00