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12 MAY 15 PH 12: 00

DIVISION OF CORPORATION

MAY 1 6 2012 T. HAMPTON

COVER LETTER

Division of Con	porations
SUBJECT: Bote	Name of Limited Liability Company
	Name of Limited Liability Company
The enclosed Articles of	Amendment and fee(s) are submitted for filing.
Please return all correspo	ondence concerning this matter to the following:
	Steven m. Kleinberger Name of Person
	Name of Person
	SMK Accounting Services Inc.
	Firm/Company
	274 Wilskine Blvs; Suite 221
	Address
	City/State and Zip Code
	E-mail address: (to be used for future annual report notification)
For further information of	concerning this matter, please call:
Steven m	at (417) 339-1220 Of Person Area Code & Daytime Telephone Number
Name o	of Person Area Code & Daytime Telephone Number
Enclosed is a check for t	he following amount:
\$25.00 Filing Fee	\$30.00 Filing Fee & S55.00 Filing Fee & S60.00 Filing Fee, Certificate of Status Certified Copy (additional copy is enclosed) \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)

MAILING ADDRESS:

TO:

Registration Section

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

FILED SECHETARY OF STATE DIVISION OF COMPORATIONS

12 MAY 15 PM 12: 00

Ruic Orano a		
(Name of the Limited Liability (A Florida	ty Company as it now app Limited Liability Company	<u>ears on our records.</u>) y)
he Articles of Organization for this Limited Liability lorida document numberL 1000010759		and assigned
nis amendment is submitted to amend the following:		
. If amending name, enter the new name of the lin	nited liability company l	<u>here</u> :
he new name must be distinguishable and end with the wo	ords "Limited Liability Con	npany," the designation "LLC" or the abbreviation
Inter new principal offices address, if applicable:		
Principal office address MUST BE A STREET ADD	RESS)	
Inter new mailing address, if applicable:		
Mailing address MAY BE A POST OFFICE BOX)		
3. If amending the registered agent and/or regi		n our records, enter the name of the no
Name of New Registered Agent:		·
New Registered Office Address:		
		Enter Florida street address
	C:L:	, Florida Zip Code
	City	zip Coae

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

F. . 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 <u>Title</u> **Name Address** Type of Action Sleven M. Kleinberger 274 Wilskire BLVD MGRM Add Euire 221 Remove CASSELBERTY: FL 32707 am maa) Add Remove Remove Remove ∏Add _____Remove D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) 2011 Dated _ Signature of a member or authorized representative of a member

> Steven m. KLeinbenger Typed or printed name of signee

Page 2 of 2

Filing Fee: \$25.00