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| (Re | questor's Name) | |
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| (Cit | ty/State/Zip/Phon | e #) |
| PICK-UP | ☐ WAIT | MAIL |
| . (Bu | siness Entity Nar | me) _ |
| (Do | ocument Number) | |
| . Certified Copies | _ Certificates | s of Status |
| Special Instructions to | Filing Officer: | |
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SECRETARY OF STATE

FEB 1 3 2012 EXAMINER

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COVER LETTER

| SƯBJECT: | | R HOLDING, LLC | |
|--------------------------|--|--|---|
| | Name of Lim | ited Liability Company | |
| The enclosed Articles | of Amendment and fee(s) are su | bmitted for filing. | |
| Please return all corres | pondence concerning this matte | r to the following: | |
| | S | TEPHEN K WOYOME | |
| | | Name of Person | |
| | AN | IATOR HOLDING, LLC | |
| | | Firm/Company | |
| | 16 | 0 FORESTER COURT | , , , , , , , , , , , , , , , , , , , |
| | | Address | |
| | W | ELLINGTON, FL 33414 | |
| | ck | City/State and Zip Code | |
| | E-mail address: (| twoyome@yahoo.com to be used for future annual report notif | ication) |
| For further information | concerning this matter, please of | call: | • |
| STEP | HEN K WOYOME | at (561) | 906-3292 |
| Name | of Person | Area Code & Daytim | e Telephone Number |
| Enclosed is a check for | the following amount: | | |
| \$25.00 Filing Fee | \$30.00 Filing Fee & Certificate of Status | S55.00 Filing Fee & Certified Copy (additional copy is enclosed | \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed |
| Regis Divis P.O. | LING ADDRESS: stration Section ion of Corporations Box 6327 hassee, FL 32314 | STREET/COURI Registration Section Division of Corpor Clifton Building 2661 Executive Ce Tallahassee, FL 32 | n ations nter Circle ✓ |

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION **OF**

FILED

| | ANATOR HO | OLDING, LLC | 2012 F | EB 10 MM 12:38 |
|--|---|----------------------|-----------------------------|-----------------------------------|
| (Name o | f the Limited Liability Comp (A Florida Limited | | irs on our records:)OR | ETARY OF STATE HASSEE, FLORIDA |
| The Articles of Organization for th | is Limited Liability Compan | y were filed on | | |
| Florida document number | _10000114852 | | | |
| This amendment is submitted to an | nend the following: | | | |
| A. If amending name, enter the | new name of the limited lia | bility company he | re: | |
| The new name must be distinguishab | e and end with the words "Lin | nited Liability Comp | any," the designation "I | LLC" or the abbreviation |
| Enter new principal offices addr | ess, if applicable: | | | |
| Principal office address MUST B | E A STREET ADDRESS) | | | |
| | | | | |
| | | | | |
| Enter new mailing address, if ap | plicable: | | | |
| | • | | | |
| | • | | | |
| Mailing address MAYBE A POS 3. If amending the registered | TOFFICE BOX) agent and/or registered of | | our records, <u>enter t</u> | he name of the ne |
| Mailing address MAYBE A POS 3. If amending the registered | TOFFICE BOX) agent and/or registered of registered office address he | | our records, <u>enter (</u> | he name of the ne |
| Mailing address MAYBE A POS 3. If amending the registered registered agent and/or the new a | agent and/or registered or registered office address he | re: K WOYOME | | |
| Mailing address MAY BE A POS 3. If amending the registered egistered agent and/or the new and the new | agent and/or registered or registered office address he | re: K WOYOME | our records, enter t | |
| <u>-</u> | agent and/or registered or registered office address he | re: K WOYOME | | |

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** <u>Name</u> **Address Type of Action** STEPHEN K WOYOME MGRM 160 FORESTER COURT √ Add WELLINGTON, FL 33414 Remove ALFRED A WOYOME, SR MGRM 160 FORESTER COURT ☐ Add WELLINGTON FL 33414 **∇** Remove Remove \bigcap Add Remove ∏Add Remove ∏Add Remove D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) February 06 2012 Dated ___ Signature of a member or authorized representative of a member STEPHEN K WOYOME Typed or printed name of signee

Page 2 of 2

Filing Fee: \$25.00