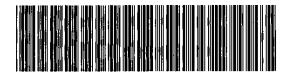
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(Requestor's Name)				
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LEGAL PART OF STATE AND A HASSEET FLORIDA

O. LEWID NOV 1 9 2010 EXAMINER

COVER LETTER

TO: Registration S Division of Co		•	. ४स.
SUBJECT:	Chitwood Name of Lim	Connections, ited Liability Company	LLC
The enclosed Articles of	of Amendment and fee(s) are sui	bmitted for filing.	
Please return all corresp	oondence concerning this matter	r to the following:	
	Car	Name of Person	
		Firm/Company	·
	1668	Hayes St	
		City/State and Zip Code	
	E-mail address: (bermits qus a am to be used for future annual report notificat	ion)
For further information	concerning this matter, please c		
Carr Name	nih Tillit of Person	at (<u>754) 423 - 6</u> Area Code & Daytime To	283 elephone Number
Enclosed is a check for t	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:

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

		ZUIUNUY I & FM 25 19	
(Name of the Limited Liab	od Connection	NS LLCRETARY (4 LATE on our resords. AHASSEE, FLORIDA	
(A Flori	da Limited Liability Company)	ON OUR TECHNICAL PROPERTY	
The Articles of Organization for this Limited Liabilit		_	
Florida document number <u>L1 000011</u>		,	
This amendment is submitted to amend the following	; :		
A. If amending name, enter the new name of the	imited liability company here:		
The Chita The new name must be distinguishable and end with the	good Connect	ion, LLC	
The new name must be distinguishable and end with the "L.L.C."	words "Limited Liability Company	," the designation "LLC" or the abbreviation	
Enter new principal offices address, if applicable:	•		
(Principal office address MUST BE A STREET AD	DRESS)		
Enter new mailing address, if applicable:		, , , , , , , , , , , , , , , , , , ,	
(Mailing address MAY BE A POST OFFICE BOX)			
B. If amending the registered agent and/or reg	gistered office address on our	r records, enter the name of the new	
registered agent and/or the new registered office a	<u>ddress here</u> :		
Name of New Registered Agent:			
-			
New Registered Office Address:	Enter	· Florida street address	
	City	, Florida 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 = 1	Managing Member		
<u>Title</u>	Name	Address	Type of Action
			Add
			Add Remove
			
			Add Remove
			Add
			Remove
			AddRemove
			Add Remove
D. If amen	ding any other information, enter	change(s) here: (Attach additional sheets, if n	necessary.)
_			ZOIO NOV
_			SSE =
Dated	November 15	2010	E.F. LORIDA
	Signature of a	nember or authorized representative of a member	
		thender of authorized representative of a member chand E. Chitwell Typed or printed name of signee	

Page 2 of 2

Filing Fee: \$25.00