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| (F | Requestor's Name) | |
|------------------|----------------------|-----------------|
| • | , | |
| (<i>(</i> | Address) | |
| (<i>f</i> | Address) | |
| (0 | City/State/Zip/Phone | : #) |
| PICK-UP | WAIT | MAIL |
| , (E | Business Entity Nam | ne) |
| (C | Document Number) | |
| Certified Copies | Certificates | of Status |
| | | |

Special Instructions to Filing Officer:

A. LUNT
OCT 26 2011

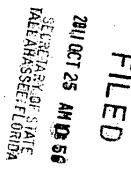
EXAMINER

Office Use Only



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10/25/11--01019--011 **25.00



COVER LETTER

| TO: Registration S Division of Co | | | | |
|-----------------------------------|--|--|--|--------|
| SUBJECT: WOC | OF GANG BAKE Name of Lim | RY ORLANDO L ited Liability Company | LC_ | |
| The enclosed Articles of | f Amendment and fee(s) are sul | omitted for filing. | | |
| Please return all corresp | ondence concerning this matter | to the following: | | |
| | ~ | J HODGSON Name of Person | | , 2 |
| | DALMATI | AN STATION Firm/Company | LLC E | |
| | 9124 B | A4 HILL BLVB Address | ASSEE, FI | |
| | ORIAN | LO Q 328 City/State and Zip Code | 19 ORIDATE |) S |
| | 90 don Qu E-mail address: (| coopgang baker untual report notification | 1. COU | |
| For further information | concerning this matter, please o | eall: | | |
| KAY HON | GSON of Person | at (917) 434 71 Area Code & Daytime 7 | 666 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) | osed) |
| | | | | |

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**

| (A | Florida Limited Liab | ility Company) | | | | |
|---|----------------------|------------------|--------------------------------|--------------|---------------------------------------|-------------|
| The Articles of Organization for this Limited Life Florida document numberL0000 | | ere filed on 11 | -15-201 | <u>D</u> and | l assigne | ed |
| This amendment is submitted to amend the following | owing: | | | | | |
| A. If amending name, enter the new name of | the limited liabilit | y company here: | : | | | |
| The new name must be distinguishable and end wit "L.L.C." | h the words "Limited | Liability Compan | y," the designation " | LLC" or | the abbr | eviation |
| Enter new principal offices address, if applic | able: | | | ACT SEC | 2011 | |
| (Principal office address MUST BE A STREET ADDRESS) | | | | HANN NASA | CT 25 | |
| | - | | | F OF | <u> </u> | m |
| Enter new mailing address, if applicable: | _ | | | ST. | 5 | <u></u> |
| (Mailing address MAY BE A POST OFFICE BOX) | | | | <u>5</u> m | S | |
| B. If amending the registered agent and/or the new registered of | fice address here: | | | | e of th | ie new |
| Name of New Registered Agent: | MR GO | DRBON | HODERSO | | | |
| New Registered Office Address: | 9124 K | XAY HIL Ente | L BLVD r Florida street add | lress | · · · · · · · · · · · · · · · · · · · | |
| | ORLAN | City | , Florida | 37 Zip (| - <mark>8 '</mark> Code | 9 |
| New Registered Agent's Signature, if changing I | legistered 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 <u>Name</u> Address **Type of Action** MGRM 5024 DRPHILLIPS BLUD KAY HODGSON ☐ Add Remove MARK ARAUTO OZH DR PHILLIPS BLUD ☐ Add Remove **Z**PAdd Remove JACKIE HODGSON Add Remove ∏Add Remove D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) 2011 Signature of a member or authorized representative of a member 100650 N Typed or printed name of signee

Page 2 of 2

Filing Fee: \$25.00