L1000012487/

| (Requestor's Name) | | | | |
|---|--|--|--|--|
| (Address) | | | | |
| (Address) | | | | |
| (City/State/Zip/Phone #) | | | | |
| PICK-UP WAIT MAIL | | | | |
| (Business Entity Name) | | | | |
| (Document Number) | | | | |
| Certified Copies Certificates of Status | | | | |

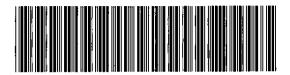
Special Instructions to Filing Officer:

A. LUNT

NOV - 7 2011

EXAMINER

Office Use Only



700213500987

11/04/11--01017--007 **30.00



COVER LETTER

Registration Section
Division of Corporations

TO:

| SUBJECT:G | erland Enter | Prises UCC ited Liability Company | |
|---------------------------|--|---|--|
| The enclosed Articles o | f Amendment and fee(s) are sub | bmitted for filing. | |
| Please return all corresp | ondence concerning this matter | to the following: | |
| | Gu | ven Randa | <u>[]</u> |
| | Gordan | d Enterprise: | 5, <u>LL</u> C |
| | | Address | |
| | Doan Je | SLE BEOCH, NC City/State and Zip Code | 284/Q9 3 |
| | | to be used for future annual report notification | ~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~ |
| For further information | concerning this matter, please of | call: | ESECUTION OF SECUTION OF SECUT |
| Gwen R | and 11 | at (9(0) 398 - | 357 32 20 |
| | | | |
| Enclosed is a check for | 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) |
| Regis Divisi P.O. I | tration Section on of Corporations Box 6327 lassee, FL 32314 | STREET/COURIER Registration Section Division of Corporatio Clifton Building 2661 Executive Center Tallahassee, FL 32301 | ons r Circle |

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

| Garland Ente | | C | | |
|--|--|--------------------------|-----------|--------------|
| (Name of the Limited Liability Com (A Florida Limite | ipany as it now appéars on o ed Liability Company) | ur records.) | | |
| The Articles of Organization for this Limited Liability Compa Florida document number <u>し 10000124871</u> . | any were filed on | 2.3, 2010 | _ and as | signed |
| This amendment is submitted to amend the following: | | | | |
| A. If amending name, enter the new name of the limited li | iability company here: | | | |
| The new name must be distinguishable and end with the words "L" L.L.C." Enter new principal offices address, if applicable: | imited Liability Company," th | ne designation "LLC | C" or the | abbreviation |
| (Principal office address MUST BE A STREET ADDRESS) | 1 | Pu | 22 | · . |
| Enter new mailing address, if applicable: | | LAHASSEE | 1- ACH I | |
| (Mailing address MAY BE A POST OFFICE BOX) | | 37 | 3 | Π |
| | | ORID | <u> </u> | |
| B. If amending the registered agent and/or registered registered agent and/or the new registered office address h | | ecords, <u>enter the</u> | | of the new |
| Name of New Registered Agent: | | | | |
| New Registered Office Address: | Enter Flo | orida street addres | SS | |
| | | , Florida | | |
| | City | | Zip Cod | e |

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

MGR = Manager MGRM = Managing Member

| <u>Title</u> | <u>Name</u> | | Address | Type of Action |
|-----------------|--------------|-------------|---|----------------|
| n <u>GRM</u> | Gwen | Randall | 1938 Stone Bellosy Warp Owan Isle Beach, Ne 28469 | Add Remove |
| | | | | Add Remove |
| | | | | Add Remove |
| | | | | Remove |
| | | | | Add C |
| | | | | Add Remove |
| D. If ame | | | nge(s) here: (Attach additional sheets, if necessary.) be added - remove of | <u>t</u> one. |
| - Dated(| Q04.31 | ં ગ | 011 | |
| | | | per or authorized representative of a member Roude II ed or printed name of signee | |
| | | Туре | ed or britised traine of signee | |

Page 2 of 2

Filing Fee: \$25.00