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SECRETARY OF STATE
SECRETARY OF STATE

J. BRYAN

DEC 21 2010

EXAMINER

COVER LETTER

TO: Registration S Division of Co				
SUBJECT: FM	Brey Out	Doors LLC ited Liability Company		
The enclosed Articles of	f Amendment and fee(s) are sub	omitted for filing.		
Please return all corresp	ondence concerning this matter	to the following:		
		Brethrus L Name of Person		
	Enbrey	Firm/Company	<u> </u>	
	1450 Be	Address	10 DE 15 SECT	
	orlando	T/ 32818 City/State and Zip Code	SECRETARY OF STATE SECRETARY OF STATE ORIGINAL AHASSEE. FLORIT	*
	EnBrey oc	to be used for future annual report notifica	ion To w	
For further information	concerning this matter, please of		ORIDA ORIDA	
Robert Name	Brethanea of Person	at (()) 287 Sh. Area Code & Daytime T	7 8 Telephone 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)	
RA A LE	INC ADDDESS.	etbeet/coubie	ADDRESS.	

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

Embrey outDo	ours uc
(Name of the Limited Liabi (A Florid	colors LLC llity Company as it now appears on our records.) da Limited Liability Company)
The Articles of Organization for this Limited Liability Florida document number <u>L1000138633</u>	y Company were filed on 12/16/10 and assigned
This amendment is submitted to amend the following	;
A. If amending name, enter the new name of the l	imited liability company here:
The new name must be distinguishable and end with the v"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 regregistered agent and/or the new registered office a	gistered office address on our records, enter the name of the new ddress here:
Name of New Registered Agent:	
New Registered Office Address:	
	Enter Florida street address
	, Florida
	City Zin 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 = Managing Member

<u>Title</u>	Name	Address	Type of Action
M <u>GRM</u>	Robert T. Brethauer	1450 Bella Coula Dr Orlando, Fl 32828	Add Remove
			Add Remove
			Add Remove _
			Add Remove
			Add Remove _
			Add Remove
D. If amendi	ing any other information, enter change(s	s) here: (Attach additional sheets, if necessary:);	FORETAR
		S. C.	FILED 10 DEC 20 PH 3: 50 SECRETARY DELSTATE
Dated/e	2/17/10	·	-
-		r authorized representative of a member	

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Filing Fee: \$25.00