L110000009355

(Requestor's Name)					
(Address)					
(Address)					
(City/State/Zip/Phone #)					
PICK-UP WAIT MAI	L				
(Business Entity Name)					
(Document Number)					
Certified Copies Certificates of Status					
Special Instructions to Filing Officer:					
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DIVISION OF CONTURNITIONS

MAY - 7 2012 T. **HAMPTON**

COVER LETTER

	istration Section ision of Corporations			•		
				1		
SUBJECT:	N	THUST, LLC	ted Liability Company			
	<u>-</u>	Name of Limi	ited Liability Company			
The enclose	l Articles of Amendmen	t and fee(s) are sub	omitted for filing.			
Please return	all correspondence con-	cerning this matter	to the following:			
		SEAN Win	New Name of Person			
			Name of Person			
			Firm/Company			
		1901 HibHWAY 41A Address				
			Address			
	IND	IAN HARBOU	R BETICH FL 32937 City/State and Zip Code			
		^	City/State and Zip Code			
		SWIW.	NER @ SATCOMDIRECT, COM			
		E-mail address: (to be used for future annual report notifical	ion)		
For further i	formation concerning th	nis matter, please o	all:			
	SEAN WINNEL		at (32() 777 - 300 C)		
	Name of Person		Area Code & Daytime T	elephone Number		
Enclosed is	check for the following	amount:				
∑ \$25.00 F	ling Fee \$30.00 Cert	Filing Fee & ificate 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:		STREET/COURIER	ADDRESS:			

MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

NOT HOST, LLL		12		
(Name of the Limited Liability Company (A Florida Limited Liability	y as it now appears on our records.) ability Company)	SECRE		
The Articles of Organization for this Limited Liability Company w	vere filed on /24 2011	and assigned Z		
Florida document number <u>L1100000 9355</u>		그 그 그 그 그 그 그 그 그 그 그 그 그 그 그 그 그 그 그		
This amendment is submitted to amend the following:		1: 35		
A. If amending name, <u>enter the new name of the limited liabil</u>	ity company here:			
The new name must be distinguishable and end with the words "Limite "L.L.C."	d Liability Company," the designation "L	LC" or the abbreviation		
Enter new principal offices address, if applicable:	1427 AURORA ROad MELBUNANE FL 32935			
(Principal office address MUST BE A STREET ADDRESS)	MELBUVANE FL 32935	 		
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	1427 AURURA ROAD MECROURME FL 32935			
B. If amending the registered agent and/or registered office registered agent and/or the new registered office address here:		ne name of the new		
Name of New Registered Agent:				
New Registered Office Address:	Futou Florida etrest add			
	Enter Florida street address			
	, Florida City	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 = Managing Member **Type of Action Title Address Name** MGRM DUSTIN T. PROCTUR 1427 Aurora Rd MECBULENE FL 32935 Add Remove Add Remove ☐ Add ☐ Remove □Add Remove Add Remove D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) 2012 Dated ATRIZ 30 Signature of a member or authorized representative of a member

Page 2 of 2

Filing Fee: \$25.00

Typed or printed name of signee