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SECRETARY OF STÄTE ALLAHASSEE, FLORIDA 2011 SEP 23 AM 8: 18

J. SAULSBERRY EXAMINER

SEP 26 2011

COVER LETTER

TO: Registration Section Division of Corporations	
SUBJECT: DISCOVERY 33, LLC Name of Limited Liability Company	
The enclosed Articles of Amendment and fee(s) are submitted for filing.	
Please return all correspondence concerning this matter to the following:	
Ryan Sheehy Name of Person	
Firm/Company	
1009 N. EDLA DR. #	SECR
ORLANDO, FZ 32803 City/State and Zip Code	SECRETARY OF STATE ALLAHASSEE. FLORID
BCSHEEHY@ME.COM E-mail address: (to be used for future annual	Treport notification)
For further information concerning this matter, please call:	PATE O
Ryan Shoony at (407) 8 Area Coo	de & Daytime Telephone Number
Enclosed is a check for the following amount:	
\$25.00 Filing Fee Certificate of Status S55.00 Filing Fee Certified Copy (additional copy)	Certificate of Status &

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

DISCOVER	433, LLC		
(<u>Name of the Limited Liability</u> (A Florida	y Company as it now appears on Limited Liability Company)	our records.)	
The Articles of Organization for this Limited Liability C		28, 2011 and assigned	
Florida document number <u>EIN 27474</u> \$\frac{21000011918}{11000011918}	19022		
7L11000011918	3		
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the lim	ited liability company here:		
PR unites, LLC			
The new name must be distinguishable and end with the wo "L.L.C."	rds "Limited Liability Company,"	the designation "LLC" or the abbreviation	
Enter new principal offices address, if applicable:			
(Principal office address MUST BE A STREET ADDI	DECC)	Z 2	
(Francipui office dudiess MOST DE A STREET ADDI	<u> </u>	F. =	
		R T	
		23 7AR VSSI	
Enter new mailing address, if applicable:	The state of the s	<u> </u>	
(Mailing address MAY BE A POST OFFICE BOX)		FF ★ 11	
		ORA B	
B. If amending the registered agent and/or regis	tarad office address on our r	> 0	
registered agent and/or the new registered office add		ceords, enter the name or the new	
Name of New Registered Agent:			
New Registered Office Address:			
	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, <u>enter the title, name, and address of each Manager or Managing Member being added or removed from our records</u>:

	Manager = Managing Member		
<u>Title</u>	Name	Address	Type of Action
			Add Remove
			Add Remove
			Add Remove
-			Add Remove
			Add Remove
			Add Remove
D. If am	ending any other information, enter chang	e(s) here: (Attach additional sheets, if necessar	v.)
Dated	Promo	Muhu	ZOII SEP 23 AM 8: 18 SECRETARY OF STATE TALLAHASSEE, FLORIDA
	Signature of a member Type	or authorized epresentative of a member Melly or printed name of signee	

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Filing Fee: \$25.00