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SECTERARY OF STAIR

COVER LETTER

	gistration Sect vision of Corp			
SUBJECT:	Mr. 7	S Mame of Limite	d Liability Company	<u>/</u>
The enclosed	d Articles of A	mendment and fee(s) are subm	nitted for filing.	
Please return	n all correspon	dence concerning this matter to	o the following:	
		Mr. Tony	S. Lanier Name of Person	
		Mr. T'S TR	anstional li Firm/Company	ving
		721 Sh	aray Aut	
	(Opa-lock;	City/State and Zip Code	54
		Rough E-mail address: (to	be used for future annual report sotification	MCII.COM
For further i	information co	ncerning this matter, please ca	11:	
Kayne	Name of) III AMS Person	at 305 796-C	BOS lephone Number
Enclosed is	a check for the	e following amount:		
□ \$25.00 F	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)

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

(Name of the Limited Liability Compa (A Florida Limited I	ny as it now appears on our records.) Liability Company)	LLC
The Articles of Organization for this Limited Liability Company Florida document number L11000013735	were filed on <u>8</u> 2 2011	and assigned
This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liab	pility company here:	
The new name must be distinguishable and end with the words "Lim "L.L.C."	ited Liability Company," the designation	"LLC" or the abbreviation
Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS)		18 J
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	721 Sharair Opa-Luckt, f	18 25 FE STATE OF THE STATE OF
B. If amending the registered agent and/or registered or registered agent and/or the new registered office address her		r the name of the new
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida street o	address
	, Florida	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 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>:

MGR = Manager

MGRM = Managing Member Title Name **Address Type of Action** Remove / FREIZERICK Fliescher Remove Remove Remove Remove Remove

). If an	nending any other information, enter change(s) here: (Attach additional sheets, if necessary.)
Dated <u>\</u>	hnuary 22,202.
	Will and Lan
	Signature of a member or authorized representative of a member
	Typed or printed name of signee

Page 3 of 3

Filing Fee: \$25.00