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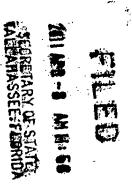
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C. LEWIS

APR 1 1 2011

EXAMINER

COVER LETTER

TO: Registration Section Division of Corporations
SUBJECT: 54RTH ZOII MC, 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:
CARL LAYMAN Name of Person
EXPTH ZOIL, LLC Firm/Company
3850 VICKERS LAKE DR
JACKSON VILLE FL 32004 City/State and Zip Code
E-relail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Name of Person at (B/B) 26 i 2184 Area Code & Daytime Telephone Number
Enclosed is a check for the following amount: \$\text{\$\sum{\$25.00 Filing Fee & }\text{\$\sum{\$}\$60.00 Filing Fee,}}\$
Certificate of Status Certified Copy (additional copy is enclosed) Certificate of Status & Certified Copy (additional copy is enclosed) 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

FILED

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ENRIFI 2011 M	SECRETARY OF STATES
(Name of the Limited Liability Compa (A Florida Limited I	ny as it now appears on our records.)
The Articles of Organization for this Limited Liability Company Florida document number 4 1000 16 36	
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liab	ility company here:
The new name must be distinguishable and end with the words Limi "L.L.C."	
Enter new principal offices address, if applicable:	n/a
(Principal office address MUST BE A STREET ADDRESS)	
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	n/a
B. If amending the registered agent and/or registered off registered agent and/or the new registered office address here	fice address on our records, enter the name of the new
Nome of New Parishand Assat Samuel	
Name of New Registered Agent:	
New Registered Office Address:	Enter Florida street address
	, Florida Citv 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:

<u>le</u>	<u>Name</u>	<u>Address</u>	Type of Actio
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famer	ding any other information o	nter change(s) here: (Attach additional shee	-4- 16
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Filing Fee: \$25.00