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SEGRETARY OF STATE
TALLAHASSEE, FI ORIO

J. SAULSBERRY EXAMINER

OCT 1 9 2011

COVER LETTER

TO:

Registration Section

Division of Co	orporations				
SUBJECT:	8th	Road LLC			
	Name of Lim	ited Liability Company			
	f Amendment and fee(s) are sultondence concerning this matter	-			
	ondones concerning this matter	to the lonowing.			
		Todd Mooney			
		Name of Person			
		8th Road LLC			
		Firm/Company			
		9414 Lorendale Circle		. 26	
		Address	ALLAHASSEE, FLORIO	2011 OCT 17	**** * * * * * * * * * * * * * * * * *
		Spring Hill, FL 34608		CT I	
	ma	City/State and Zip Code oney1325@yahoo.com	SEE S	~ ~	I ∏r
	E-mail address: (to be used for future annual report notification	FLO	AH 8	يرين
For further information	concerning this matter, please of	call:	Zic DA	æ: 03 ₩	
	odd Mooney	at (352) 683	-4207	_	
Name of Person		Area Code & Daytime Tele	phone Number		
Enclosed is a check for	the following amount				
\$25.00 Filing Fee	\$30.00 Filing Fee &	\$55.00 Filing Fee &	\$60.00 Filing Fe	e.	
_	Certificate of Status	Certified Copy (additional copy is enclosed)	Certificate of S Certified Copy (additional cop	Status &	sed)
MAILING ADDRESS: Registration Section		STREET/COURIER A Registration Section	ADDRESS:		
	on of Corporations	Division of Corporation	s		
P.O. Box 6327 Tallahassee, FL 32314		Clifton Building 2661 Executive Center (Tallahassee, FL 32301	Circle		

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

	oad LLC		
(Name of the Limited Liability Com (A Florida Limite	pany as it now appe d Liability Company	ars on our records.)	
,		,	
The Articles of Organization for this Limited Liability Compa	ny were filed on	February 2011	and assigned
Florida document numberL11000016433		•	
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited li	ability company ho	ere:	
,			
The new name must be distinguishable and end with the words "L	imited Liability Com	pany," the designation "	
"L.L.C."			ZOIL OF TALLAR
Enter new principal offices address, if applicable:			58 8 T
(Principal office address MUST BE A STREET ADDRESS)		<u> </u>	ASS -
			SENT TO
			FS
Enter new mailing address, if applicable:			8: 03
(Mailing address MAY BE A POST OFFICE BOX)			- Q ^C ω
B. If amending the registered agent and/or registered registered agent and/or the new registered office address h		our records, enter	the name of the new
registered agent and/or the new registered office address in	<u>lere</u> :	,	
Name of New Registered Agent:			
Name of New Registered Agent.			
New Registered Office Address:	r		d
	Enter Florida street address		
		, Florida	7: 0 1
	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>:

MGR = Manager

MGRM = Managing Member

Title **Type of Action** <u>Name</u> **Address MGRM** Sheryl Mooney ☐ Add

✓ Remove 9414 Lorendale Circle Spring HIII, FL 34608 ☐ Add Remove ☐ Add Remove ∏ Add Remove $\prod Add$ Remove ∏Add Remove D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) Dated _ Signature of a member or authorized representative of a member Todd Mooney, Typed or printed name of signee

Page 2 of 2

Filing Fee: \$25.00