LII0000 29793				
(Requestor's Name) (Address)	200207929152			
(Address) (City/State/Zip/Phone #) PICK-UP WAIT MAIL (Business Entity Name)	05/20/1101018008 **25.00			
(Document Number) Certified Copies Certificates of Status Special Instructions to Filing Officer:	FILED 11 HAY 20 AM 11:52 SECRETARY OF STATE TALLAHASSEE, FLORIDA			
Office Use Only	J. BRYAN			

MAY **2 3** 2011

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EXAMINER

COVER LETTER

TO: . Registration Section **Division** of Corporations lliwoa SUBJECT: 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:



For further information concerning this matter, please call:

ALVEC at (863) 899-1617. Area Code & Daytime Telephone Number Name of Person

Enclosed is a check for the following amount:



\$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						
Polliwog (Name of the Limited Liability Compan (A Florida Limited Li	ental LLC y as it now appears on our records.) ability Company)					
The Articles of Organization for this Limited Liability Company were filed on $3/10/2011$ and assigned Florida document number $1/000029793$						
This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here:						
The new name must be distinguishable and end with the words "Limited Liability Company," the designation "LLC" of the abbraviation "L.L.C."						
Enter new principal offices address, if applicable:	1648 S.E. 352 Ave					
<u>(Principal office address MUST BE A STREET ADDRESS)</u>	Ocala, FL 34411					
Enter new mailing address, if applicable: (<u>Mailing address MAY BE A POST OFFICE BOX</u>)	1648 SE 3rd Ave Ocala, FL 34471					
B. If amending the registered agent and/or registered office address on our records, <u>enter the name of the new</u> registered agent and/or the new registered office address here:						

Name of New Registered Agent:	Mich	ael	A	To	arver	
New Registered Office Address:	1648	S.E.	3 121	A)e	
	Enter Florid			a street address		
	Ocala		, Flo	rida	34471	
	Cit	y			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</u> or Managing Member being added or removed from our records:

MGR = Manager MGRM = Managing Member

<u>Title</u>	Name	Address	Type of Action			
MgT	Edword J Tarver	1648 se 3rd Ave Ocala, FL 34471	Add Remove			
Mgr	Shea Sammons	1648 SE 3rd Ave Ocala, FL 34471	Add Remove			
MAYAT			Ranove			
			Remove:			
			Add			
			Add Remove			
D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)						
	Please change mer	nber Addresses for				
	Michael Tarver	and Resecca Tai	-ver			
	to: 1648 s	E 312 Ave, Ocala,	FL 34471			
Dated	5/17/2011, 201	<u> </u>	_			
Thichael a Tarver.						
Signature of a member or authorized representative of a member Michael A TATVET.						
Typed or printed name of signee						

Page 2 of 2

Filing Fee: \$25.00