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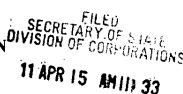
N. Cuffigan APR 18 2011

COVER LETTER

TO: Registration Division of C	Section Corporations		8	
SUBJECT:	Yllib l	Roinuj, L.L.C		
		ited Liability Company		
The enclosed Articles	of Amendment and fee(s) are su	bmitted for filing.		
Please return all corres	spondence concerning this matter	r to the following:		
		Billy J. Lawson, Jr.		
		Name of Person		
	909 Lajolla Lane			
		Address	· · · · · · · · · · · · · · · · · · ·	
•	. Mary Esther FL 32569			
		City/State and Zip Code		
•	the law_son@yahoo.com E-mail address: (to be used for future annual report notification)			
For further information	n concerning this matter, please of	call:		
	y J. Lawson, Jr.	at (226-4459	
Name	e of Person	Area Code & Daytime	e Telephone Numb e r	
Enclosed is a check for	r the following amount:			
\$25,00 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)	
	ILING ADDRESS: stration Section	STREET/COURING Registration Section		

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO SECRETA ARTICLES OF ORGANIZATION OF 0F 11 App. 1-



			00
	Yllib Roinuj, L.L.C		
(Name of the Limited Li	ability Company as it now appea orida Limited Liability Company)	ars on our records.)	
(A FI	orida Limited Liability Company)	1	
The Articles of Organization for this Limited Liab	ility Company were filed on	14 March 2011	and assigned
Florida document number L1100003077	74		
Piorida document number	·		
This amendment is submitted to amend the follow	ing:		
A: If amending name, enter the new name of th	e limited liability company he	ere:	
The new name must be distinguishable and end with the "L.L.C."	he words "Limited Liability Comp	pany," the designation "LI	C" or the abbreviation
Enter new principal offices address, if applicable	le:		
(Principal office address MUST BE A STREET A	ADDRESS)		
-		· <u></u>	
Enter new mailing address, if applicable:			
(Mailing address MAY BE A POST OFFICE BO	<u></u>		
	<u></u>		
B. If amending the registered agent and/or registered agent and/or the new registered office		our records, enter th	e name of the new
Name of New Registered Agent:			
New Registered Office Address:	,		halden old her statement of PP
	Enter Florida street address		
-		, Florida	7: 6 1
	Citv		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, enter the title, name, and address of each Manager or Managing Member being added or removed from our records:

MGR = Manager MGRM = Managing Member Type of Action Title Name Address MGRM Billy J. Lawson, Jr. 909 Lajolla Lane ✓ Add Mary Esther FL 32569 Remove ☐ Add Remove ☐ Add Remove Remove □Add Remove ∏Add Remove D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) March 12 2011 Dated_ Signature of a member or authorized representative of a member Billy J. Lawson, Jr. Typed or printed name of signee

Page 2 of 2

Filing Fee: \$25.00