## Florida Department of State

Division of Corporations Electronic Filing Cover Sheet

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Division of Corporations

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ALT-1 LLC Certificate of Status Certified Copy Page Count 03 Estimated Charge \$25.00

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EXAMINE

SECRETARY OF STATE OF

## ARTICLES OF AMENDMENT APR -5 NM 8: 10 TO ARTICLES OF ORGANIZATION OF

ALT-1			
Name of the Limited Liability Comps (A Florida Limited	iny as it now america on our records. Liability Company)	)	
The Articles of Organization for this Limited Liability Company	were filed on 03/23/2011	and assigned	
Plorida document number L11000036262			
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited lish	offity company here:		
The new name must be distinguishable and end with the words "Limi"L,L,C,"	ited Liability Company," the designation	on "LLC" or the abbreviation	
Enter new principal offices address, if applicable:	7171 US 1 HWY NORTH		
(Principal office address MUST BE A STREET ADDRESS)	COCOA, FL 32927		
Enter new mailing address, if applicable:	7171 US 1 HWY NORTH		
(Malling oddress MAY BE A POST OFFICE BOX)	COCOA, FL 32927		
B. If amending the registered agent and/or registered of registered agent and/or the new registered office address her Name of New Registered Agent:		er the name of the new	
New Registered Office Address:			
	(Enter Florida street address)		
	, Florida		
	(City)	(Ztp 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 Accest)

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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 = Mai MGRM = M	iager Ianaging Member		
Title	Name	Address	Type of Action
			Add Remove
<del></del>			Add Remove
			Add Remove
D. If amend	ling any other information, enter chan	ngo(s) here: (Attach additional sheets, if necessar)	DIV.
_			SECRETARY ISION OF CC
Dated MARC	CH 31ST , 2011	1	OF STATE ORPORATIONS
	Signature of a memb	R . Pate Corresentative of a member	
	KAMLESI Type	HKUMAR PATEL ed or printed taume of alignase	<del></del>

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