L110000 37106

| (Requestor's Name) | | | | |
|---|--|--|--|--|
| (Address) | | | | |
| (Address) | | | | |
| (City/State/Zip/Phone #) | | | | |
| PICK-UP WAIT MAIL | | | | |
| (Business Entity Name) | | | | |
| (Document Number) | | | | |
| Certified Copies Certificates of Status | | | | |
| Special Instructions to Filing Officer: | | | | |
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SELATION OF STATE
ANASSEE, FLORIDA

D. BRUCE

APR 15 2011

EXAMINER

COVER LETTER

| | Registration Section Division of Corporations | | |
|----------------|--|--|--|
| SUBJECT | E LIFTED UP | LLC | |
| SCHOLE | | nited Liability Company | |
| | | | |
| The enclos | sed Articles of Amendment and fee(s) are s | ubmitted for filing. | |
| Please retu | urn all correspondence concerning this matt | er to the following: | |
| | BRIÀN KLE | Name of Person | <u></u> |
| | LIFT | ED UP LLC Firm/Company | |
| | 3817 C | ARDENAL AVE. | |
| | _ | Address | |
| | RUSKIN | J. FL. 33573 | } } } } 3 11 |
| | | City/State and Zip Code | 4.8.5. 4.8.4. |
| | E-mail address: | (to be used for future annual report notification) | |
| For further | r information concerning this matter, please | e call: | FLOR FLOR |
| POIN | UKLEINSCHUIT | at (813) 785-34 | TATE ORIDA |
| | Name of Person | Area Code & Daytime Telep | phone Number |
| | | | |
| | s a check for the following amount: | | |
| \$25.00 | Filing Fee \$\square\$30.00 Filing Fee & Certificate of Status | Certified Copy (additional copy is enclosed) | \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed) |
| | MAILING ADDRESS: | STREET/COURIER AI | DDRESS: |
| | Registration Section Division of Corporations | Registration Section Division of Corporations | |
| | P.O. Box 6327 Tallahassee, FL 32314 | Clifton Building 2661 Executive Center C | ircle |

Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

| (Name of the Limited Liability Compan (A Florida Limited Liability Compan) | y as it now appea ability Company) | rs on our records.) | , , , , , , , , , , , , , , , , , , , | _ |
|---|---------------------------------------|---|---|--|
| The Articles of Organization for this Limited Liability Company vi Florida document number <u>L1100037106</u> | vere filed on <u>M</u> | 1RCH 28,6 | ⊘ ∐ an | d assigned |
| This amendment is submitted to amend the following: | | | | |
| A. If amending name, enter the new name of the limited liabil | ity company hei | <u>·e</u> : | | |
| The new name must be distinguishable and end with the words "Limite "L.L.C." | d Liability Compa | any," the designation | n "LLC" or | the abbreviation |
| Enter new principal offices address, if applicable: | | | Bo. | <u> </u> |
| (Principal office address MUST BE A STREET ADDRESS) | | | | |
| | | | P | |
| | | | 38. YR | F |
| Enter new mailing address, if applicable: | | | | B LU |
| (Mailing address MAY BE A POST OFFICE BOX) | | | 97 | ž O |
| | | | | 25 |
| B. If amending the registered agent and/or registered office address here: | | our records, <u>ente</u> | r the nar | ne of the nev |
| Name of New Registered Agent: | | | | |
| New Registered Office Address: | | | | |
| | En | ter Florida street d | address | |
| | | , Florida | | |
| | City | | Zip | Code |
| New Registered Agent's Signature, if changing Registered Agent: | | | | |
| I hereby accept the appointment as registered agent and agree the provisions of all statutes relative to the proper and comple accept the obligations of my position as registered agent as pr being filed to merely reflect a change in the registered office a | te performance ovided for in Cl | of my duties, and hapter 608, F.S. C | ' I am fam Or, if this c | iliar with and doc <mark>ument i</mark> s |

If Changing Registered Agent, Signature of New Registered Agent

company has been notified in writing of this change.

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

| <u>Title</u> | <u>Name</u> | | Address | Type of Action |
|--------------|----------------------|-------------------------|---|----------------|
| IG <u>RM</u> | KEVIN K | EINSCHURT | 3817 CARDENAL AVE PUSKIN, FL. 33573 | Add Remove |
| | | | | Add Remove |
| MGR | ROGER | ZWIEG | III GOLFVIEW WOODS DR. RUSKIN FL. 33573 | Add Remove |
| MGR | KEVIN K | <u>LEMSCHUT</u> | DT 3817 CARDENAL AVE. RUSKIN, FL. 33573 | Add Remove |
| | <u></u> | | | Add Remove |
| | | | | Add Remove |
| D. If amer | iding any other info | rmation, enter change(s |) here: (Attach additional sheets, if necessary.) | |
| | JUST TO | BE CLEA | R. I'M REMOVING | <u>L</u> |
| $ \angle $ | EVIN KI | LEINSCHA | LIDT AS A MEM | BER |
| 2 | AND A | DING + | HM BACK ALON | <u>3</u> G |
| <u>'L</u> | UTH P | OGERZ | WIEG AS MANA | DERS. |
| _ | | | | ALLA ALLA |
| Dated | PRIL. /2 | <u>#</u> ,201 | | APR 14 B |
| | 7 | BRIAN KL | authorized representative of a member ETUSCHMIDT | REAL PROPERTY. |
| | | Typed or p | printed name of signee | the Co |

Page 2 of 2

Filing Fee: \$25.00