# L11000056366

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B. BOSTICK

JUL 1 5 2011

**EXAMINER** 

# **COVER LETTER**

TO: Registration Son Division of Con		<b>—</b> 2	
SUBJECT: usu	Name of Limit	ted Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	omitted for filing.	
Please return all correspondent	ondence concerning this matter	to the following:	
	LAWIZENCE	フ・WiールロスMA・ Name of Person	
	WW FIHOR ,	Firm/Company	
	3100 5. 04	Address	<u>50</u>
	PALM BEAM	City/State and Zip Code	TALLAH AH AH AH AH
	E-mail address: (t	COMCAST. HET	tion)
For further information of	concerning this matter, please c	all:	PH 6: 5
	OF Person	at (970) 618 · C Area Code & Daytime 1	<del>2008</del> <u>Бт</u> и
Enclosed is a check for t	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)

### **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**

(Name of the Limited Liability Compan	L-LC	coords)				
(A Florida Limited Li	ability Company)	ecorus.)				
The Articles of Organization for this Limited Liability Company were filed on way 12, 2011 and assigned						
Florida document number L110000503(66.						
This amendment is submitted to amend the following:						
A. If amending name, enter the new name of the limited liabil	ity company here:					
SAME HAME						
The new name must be distinguishable and end with the words "Limite "L.L.C."	ed Liability Company," the de	esignation "LLC" or the abbreviation				
Enter new principal offices address, if applicable:	3100 S. OU	EALL BLUTO 205 SC				
(Principal office address MUST BE A STREET ADDRESS)	PALM BEA	WH FL 33480				
Enter new mailing address, if applicable:	SAME AS A	NROY E				
(Mailing address MAY BE A POST OFFICE BOX)						
B. If amending the registered agent and/or registered offi		ds, enter the name of the new				
registered agent and/or the new registered office address here	•	5				
		84 5 85 3				
Name of New Registered Agent:		D W				
New Registered Office Address:						
	Enter Florid	a street address				
		Florida				
	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>:

<u>Title</u>	<u>Name</u>	Address	Type of Action
1612*1	LUZZAMLE WILLNERN	1211 3100 S. OCEAN BLVD #404 50 PALM BEACH, FL 334	Add Remove
LE WBR	LAWIZENCE J. WILLIEZM	# 205 50 PALM BEAC, FL 3348	Add Remove
	<u> </u>		Add Remove
	<del></del>		Add Remove
			Add Remove
			_∏Add
			Remove
D. If amendin	ng any other information, enter change(s	) here: (Attach additional sheets, if necessary.)	
D. If amendin	ng any other information, enter change(s	) here: (Attach additional sheets, if necessary.)	

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Filing Fee: \$25.00