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SECRETARY OF STATE
TALL AMASSEE, FLORID.

K, SALY EXAMINER

DEC 5 2011

COVER LETTER

TO: Registration Section Division of Corporations					
SUBJE	Name of Limited Liability Company				
	Name of Emined Elability Company				
The end	closed Articles of Amendment and fee(s) are submitted for filing.				
Please	return all correspondence concerning this matter to the following:				
	Down Hicks				
	Name of Person EBS Stud UC Firm/Company				
	Tilb Volo Vary Epsi Sub Address				
	DAVENTORI FL 33897 City/State and Zip Code				
	E-mail address: (to be used for future annual report notification)				
For fun	ther information concerning this matter, please call:				
	Name of Person at (863) 3534853 Area Code & Daytime Telephone Number				
Englose	ed is a check for the following amount:				
₫\$ 25	00 Filing Fee \$\ \text{Certificate of Status} \text{S55.00 Filing Fee & Certificate of Status & Certified Copy (additional copy is enclosed)} \text{\$\text{S60.00 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

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

ARTICLES OF OI	WAINLAIL		_	
" OF	OF		11 no	
		יראס 11	· ~ •	
(Name of the Limited Liability Compania) (A Florida Limited Liability Compania)	ye	SECRET	FILED *5 PM 3: 40	
(Name of the Limited Liability Compan	y as it now appears	on our records.)	SCEP STATE	
(A Florida Limited Lie	ionity Company)		FLORID	
The Articles of Organization for this Limited Liability Company v	vere filed on	5.27.2011	and assigned	
Florida document number L11000062920.				
This amendment is submitted to amend the following:				
This amenancia is second to amond the rolle wing.				
A. If amending name, <u>enter the new name of the limited liabil</u>	ity company here	:		
The new name must be distinguishable and end with the words "Limite L.L.C."	d Liability Compar	y," the designation "LL	C" or the abbreviation	
Enter new principal offices address, if applicable:				
(Principal office address MUST BE A STREET ADDRESS)				
	, , , , , , , , , , , , , , , , , , ,			
Enter new mailing address, if applicable:				
(Mailing address MAY BE A POST OFFICE BOX)				
	AMARIA ATALAN MINISTER			
B. If amending the registered agent and/or registered offi	ce address on o	ur records, enter th	e name of the new	
registered agent and/or the new registered office address here:		it records, enter the		
N. C.V. o. Declared Access	D0110A	Hick		
Name of New Registered Agent:	2010104	111003		
New Registered Office Address:				
	Ente	er Florida street addre	ess	

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.

City

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 Title **Type of Action Name** <u>Address</u> DONNA HICKS ☐ Add Remove Remove Add ☐ Remove Add Remove ☐ Add Remove \square Add Remove D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) NOVER Dated Signature of a member or authorized representative of a member Hicks **20170** Typed or printed name of signee

Page 2 of 2

Filing Fee: \$25.00