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AUG 3 0 2011

EXAMINER

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COVER LETTER

TO:

TO:	Registration S Division of Co	Section orporations			
SUBJE	ECT:	127 Bi	oadway, LLC		
			ited Liability Company		
The en	closed Articles o	f Amendment and fee(s) are sub	omitted for filing.		
Please :	return all corresp	oondence concerning this matter	to the following:		
Firm/Company					
117 Broadway, Suite B					
Address					
		į.	Kissimmee, FL 34741		
susie@charleshparsons.com					
			to be used for future annual report	notification)	
For fur	ther information	concerning this matter, please of	eall:		
	S	Susie Rogers	at (407)	847-4706	
	Name	of Person	Area Code & D	aytime Telephone Number	
Enclose	ed is a check for	the following amount:			
\$25.	.00 Filing Fee	\$30.00 Filing Fee & Certificate of Status	\$55.00 Filing Fee & Certified Copy (additional copy is enc	\$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)	
	Regisi Divisi P.O. E	LING ADDRESS: tration Section ion of Corporations Box 6327	Registration S Division of C Clifton Buildi	orporations ng	
Tallahassee, FL 32314		assee, FL 32314	2661 Executive Center Circle		

Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

	127 Broadway LLC		
(<u>Name of the Limited J</u>	Liability Company as it now appear Florida Limited Liability Company)	rs on our records.	
(***	iona Emilia Emonity Company)		
The Articles of Organization for this Limited Lia	bility Company were filed on	June 9, 2011	and assigned
Florida document numberL110000676	608		
This amendment is submitted to amend the follow	wing:		
A. If amending name, enter the new name of	the limited liability company he	<u>re</u> :	
The new name must be distinguishable and end with "L.L.C."	the words "Limited Liability Comp	any," the designation "L	LC" or the abbreviation
Enter new principal offices address, if applica	ble:		
(Principal office address MUST BE A STREET	ADDRESS)		
Enter new mailing address, if applicable:			
(Mailing address MAY BE A POST OFFICE B		•	
Muning numress MAT BE A POST OFFICE B	<u> </u>	 	
B. If amending the registered agent and/or	registered office address on	4	L of the
registered agent and/or the new registered offi		our records, enter ti	ie name of the new
			哥哥
Name of Name Desistant J. Assets			X
Name of New Registered Agent:			N 2
New Registered Office Address:			A 2 17
	En	nter Florida street addi	ess v co
		. Florida	当前ら
	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 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 = N	lanaging Member		
<u>Title</u>	Name	Address	Type of Action
MGR_	RYAN PARSONS	117 Broadway, Suite B Kissimmee, FL 34741	Add Remove
MGR	ZACHARY PARSONS	117 Broadway, Suite B Kissimmee, FL 34741	✓ Add Remove
			Add Remove
			Add Remove
		<u> </u>	Add Remove
			Add Remove
D. If amend	ling any other information, enter chan	ge(s) here: (Attach additional sheets, if necessary.)	
			_
Dated	July 8 , 20	<u>011</u> .	
	Signature of a membe	r of authorized representative of a member	
		imothy F. Majors	, , , , , , , , , , , , , , , , , , ,
	Турес	or printed name of signee	

Page 2 of 2

Filing Fee: \$25.00