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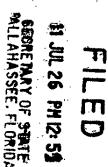
(Requestor's Name)			
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J. BRYAN

JUL 27 2011

EXAMINER

COVER LETTER

TO: Registration S Division of Co		,
SUBJECT:	The Famous 22 11 Name of Limited Liability Company	
The enclosed Articles o	f Amendment and fee(s) are submitted for filing.	a.
Please return all corresp	oondence concerning this matter to the following:	
	Firm/Company 28/0 34+h S+ N Address St. Peters bary FL City/State and Zip Code 1. bas have GM.	1. (OM
	E-mail address: (to be used for future annual report notification	n)
For further information	concerning this matter, please call:	
Name	of Person at (727) 430 - Area Code & Daytime Tele	2020 ephone Number
/		
Enclosed is a check for	the following amount:	
\$25.00 Filing Fee	S30.00 Filing Fee & S55.00 Filing Fee & Certificate of Status Certificate of Status 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

The Far	104S &	22	
(<u>Name of the Limited Liability Compan</u> (A Florida Limited L	y as it now appear	s on our records.)	
The Articles of Organization for this Limited Liability Company	were filed on	and assigned	
Florida document number <u> </u>	>		
Fiorida document number 2// OOO / //O. & S	>		
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited liabi	lity company her	e:	
The new name must be distinguishable and end with the words "Limit	ed Liability Compa	ny," the designation "LaC" or the abbreviation	
"L.L.C."		F8 = 17	
Enter new principal offices address, if applicable:		通る言	
(Principal office address MUST BE A STREET ADDRESS)		93.0	
TO THE WANTES MOST DESTINATION TO THE PROPERTY OF THE PROPERTY		70 3	
		20 19	
		93 4	
Enter new mailing address, if applicable:			
(Mailing address MAY BE A POST OFFICE BOX)			
B. If amending the registered agent and/or registered offi	ice address on o	ur records, enter the name of the new	
registered agent and/or the new registered office address here	:	·	
Name of New Registered Agent:			
New Registered Office Address:			
	Ent	er Florida street address	
	TI		
	City	, Florida Zip Code	
	~ <i>,</i>	Lip Couc	

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, 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> Name **Address Type of Action** Sima Haobsh ☐ Add Remove ∏Add Remove D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) Dated Signature of a member or authorized representative of a member Typed or printed name of signer

Page 2 of 2

Filing Fee: \$25.00