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D. BRUCE

NOV 16 2011

EXAMINER

## **COVER LETTER**

**Registration Section** 

TO:

Division of Corp	orations			
SUBJECT:	South Dixie	Gator Group, LLC		
		ted Liability Company		
The enclosed Articles of A	mendment and fee(s) are sub	omitted for filing.		
Please return all correspon	dence concerning this matter	to the following:		
·		Omar N. Alam		
		Name of Person		
	South	h Dixie Gator Group, LLC	,	
		Firm/Company		
	15	5020 SW 74th Avenue		Age 1
		Address		ES S
	Pa	almetto Bay, FL 33158		NOV IL ANII: 06 CRETARY OF STATE LAHASSEE, FLORID
	·	City/State and Zip Code		EFO ≥ IT
	om	naralam87@gmail.com	<u></u>	F SI
For further information co	ncerning this matter, please of	to be used for future annual report notificationall:	un)	ANII: 06 OF STATE E. FLORIDA
				-
Omar N. Alam Name of Person		at ( <u>786)</u> 30  Area Code & Daytime Te	3-0278 lephone Number	<del></del>
•				
Enclosed is a check for the	-			
\$25.00 Filing Fee	\$30.00 Filing Fee & Certificate of Status	\$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	Certified C	of Status &
Registra Divisior P.O. Bo	NG ADDRESS: tion Section n of Corporations x 6327 ssee, FL 32314	STREET/COURIER Registration Section Division of Corporatio Clifton Building 2661 Executive Center Tallahassee, FL 32301	ons r Circle	

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Sou	uth Dixie Gator Group, LL	.C	
(Name of the Limite	d Liability Company as it now appea A Florida Limited Liability Company)	rs on our records.)	
The Articles of Organization for this Limited I			and assigned
Florida document number L1100008			
Piorida document number	•		
This amendment is submitted to amend the fol	lowing:		
A. If amending name, enter the new name of	of the limited liability company he	<u>re</u> :	
The new name must be distinguishable and end w "L.L.C."	ith the words "Limited Liability Comp	any," the designation "L	LC" or the abbreviatio
			<b>*</b>
Enter new principal offices address, if appli			
(Principal office address MUST BE A STRE	ET ADDRESS)		超 2 7
			AR SS
Enter new mailing address, if applicable:		· · · · · · · · · · · · · · · · · · ·	
(Mailing address MAY BE A POST OFFICE BOX)			RA O
	,		Om <b>on</b> .
B. If amending the registered agent and		our records, <u>enter t</u>	he name of the ne
registered agent and/or the new registered of	office address here:		
Name of New Registered Agent:	Asif Masood		
New Registered Office Address:	5324 Southern Valley Loo	р	
	ress		
	Brooksville	, Florida	34601
	City		Zip Code
NI EN COLUMN AND A SECOND AS A SECOND AS			

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 finited 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>Address</u> Type of Action **Title** <u>Name</u> Shawn N. Alam **MGRM** 15020 SW 74th Avenue ✓ Add Remove Palmetto Bay, FL 33158 ☐ Add Remove Add 🗌 ☐ Remove Remove  $\prod Add$ Remove Add Remove D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) November 4 2011 Dated \_\_ Signature of a member of authorized representative of a member Omar N. Alam Typed or printed name of signee

Page 2 of 2

Filing Fee: \$25.00