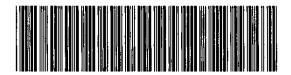
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SECRETARY OF STATE

D. BRUCE

IIIN 05 2012

**EXAMINER** 

## **COVER LETTER**

TO: Registration Section Division of Corporations
SUBJECT: Frechtige Prot Grand (CC.  Name of Limited Liability Company
The enclosed Articles of Amendment and fee(s) are submitted for filing.
Please return all correspondence concerning this matter to the following:
FRIC B. SPENCER Name of Person
Executive Pibt Group Firm/Company
6372 Palma Del Mar blud S. #360 Address
St. Petersburg FL 33715 City/State and Zip Code
E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
ERIC B. SPENCER at (\$13) \$42-4248  Name of Person Area Code & Daytime Telephone Number
Enclosed is a check for the following amount:
\$25.00 Filing Fee \$30.00 Filing Fee & S55.00 Filing Fee & 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

٠,

Executive (Name of the Limited)	Pilot G	roup, L	LC.		
(Name of the Limited ) (A)	Florida Limited L	iability Comp	<b>ppears on our record</b> any)	<u>s.</u> )	
The Articles of Organization for this Limited Lia	bility Company	were filed on	August 17, 20	2// and assigned	
This amendment is submitted to amend the follow	wing:				
A. If amending name, <u>enter the new name of</u>	the limited liab	ility compan	<u>y here</u> :		
The new name must be distinguishable and end with 'L.L.C."	the words "Limi	ted Liability C	ompany," the designa	tion "LLC" or the abbreviation	
Enter new principal offices address, if applica	ble:	·		estament d	
(Principal office address MUST BE A STREET ADDRESS)				- CC	
Enter new mailing address, if applicable:  Mailing address MAY BE A POST OFFICE BOX)				AHASSEE.	
				ساهي (۱۳۰	
				FLORIDA RIDA RIDA RIDA RIDA RIDA RIDA RIDA	
B. If amending the registered agent and/oregistered agent and/or the new registered off	_		on our records, <u>e</u>	nter the name of the nev	
Name of New Registered Agent:	Eric	Blake	Spencer		
New Registered Office Address:					
		Enter Florida 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, 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> <u>Address</u> **Type of Action** <u>Name</u> EVLY J. MOUHALIS MGRM Add Remove Remove Remove  $\square$ Add Remove Add Remove D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) Dated <u>05/25</u> Signature of a member or authorized representative of a member EXIC BLAKE SPENCER
Typed or printed name of signee

Page 2 of 2

Filing Fee: \$25.00