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SECRETARY OF STATE

AUG = 9 2013 T. HAMPTON

COVER LETTER

TO:

Registration Section
Division of Corporations

SUBJECT:

FLORIDA BIRDS, LLC

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:

WILLIAM E. BONNER II

Name of Person

c/o INTERNATIONAL TAX & COMMERCE ADVISORS,LLC

Firm/Company

12025 RIVERHILLS DRIVE

Address

TAMPA, FL. 33617

City/State and Zip Code

BONNERBBC@AOL.COM

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

WILLIAM E. BONNER

813₈₇1-0040

Name of Person

Area Code & Daytime Telephone Number

Enclosed 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 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

FLORIDA BIRDS, LLC (Name of the Limited	Liability Con	npany as it now appears on our recorded Liability Company)	<u>ls.</u>)
(/	A Florida Limite	ed Liability Company)	•
The Articles of Organization for this Limited L	iability Comp	any were filed on 09/02/2011	and assigned
Florida document number L11000101133	··•		AUG
			1 SANT 0 025E
This amendment is submitted to amend the foll	owing:		크 실위
			AH II: 42
A. If amending name, enter the new name of	f the limited I	iability company here:	42 FEE
N/A			
The new name must be distinguishable and end wi "L.L.C."	th the words "L	imited Liability Company," the designa	tion "LLC" or the abbreviation
Enter new principal offices address, if applie	eable:	N/A	
(Principal office address MUST BE A STREE	ET ADDRESS	2	· · ·
Enter new mailing address, if applicable:		N/A	
(Mailing address MAY BE A POST OFFICE	BOX)		
B. If amending the registered agent and	or registered	office address on our records, e	nter the name of the new
registered agent and/or the new registered o			
Name of New Registered Agent:	N/A		
New Registered Office Address:	N/A		
New Registered Office Address.		Enter Florida stre	et address
		. Flori	do
		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 = Managing Member Type of Action **Address** <u>Title</u> <u>Name</u> Add Remove Remove 풊 Remove Remove Remove Remove

. If amending any other information, enter change(s) here: (Attach addit	ional sheets, if necessary.)
_ ADDRESS CHANGE ONLY OF A MANA	GER
MGRMARIE-PIERRE LEROY	
14 RUE DES OISEAUX	
27110 MARBEUF, FRANCE	
oated 08/06/2013	
and	- C
Signature of a member or authorized representati	ive of a member
WILLIAM E. BONNER II	
Typed or printed name of signee	
Page 3 of 3	
Filing Fee: \$25.00	

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