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SECRETARY OF STATE TALLAHASSEE, FLORIDA

J. SAULSBERRY EXAMINER

NOV 0 7 2011

## **COVER LETTER**

| Name of Limited Liability Co   | <b>.</b>   |
|--|--|
|  |  |
|  |  |
| d Articles of Amendment and fee(s) are submitted for filin   | g.   |
| n all correspondence concerning this matter to the following                                       | g:   |
| ——————————————————————————————————————   | Myers Z  |
| Firm/Con   | · · · · · · · · · · · · · · · · · · ·  |
| 317  | Feather R 37779 SEE. FLORIDGE SEE. FLORIDGE STATE STATE STATE SEE. FLORIDGE SEE. FLORI |
| LONGI<br>City/State and  | Feather R FOR 32779 Significance State Sta |
|  | 989 @ AUL - Com ure annual report notification)  |
| nformation concerning this matter, please call:  |  |
| Name of Person at (32  | 21) 279-4244<br>Area Code & Daytime Telephone Number   |
| a check for the following amount:  |  |
| Certificate of Status Certifie   |  |
| 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  |
|  | Firm/Com  317  Addres  Longue City/State and GMYERS &  E-mail address: (to be used for future formation concerning this matter, please call:  Name of Person  a check for the following amount:  a check for the following amount:  iling Fee \$\instrume{3} 30.00 \text{Filing Fee & S55.00 Filing Fee & Certificate of Status}  MAILING ADDRESS:  Registration Section Division of Corporations  |

Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

| 60  | mco                     | 2, 16                                     |                    |  |                |  |
|---|-------------------------|---|--------------------|--|----------------|--|
| (Name of the Limited Liability (<br>(A Florida Li   | Company a<br>mited Liab | <b>is it now appe</b> a<br>ility Company) | rs on our records  | <u>s.</u> )                            |                |  |
| The Articles of Organization for this Limited Liability Conformation Florida document number  | mpany we                | ere filed on                              | 9/1/11             | and a                                  | ssigned        |  |
| This amendment is submitted to amend the following:   |                         |   |                    |  |                |  |
| A. If amending name, enter the new name of the limit  | ed liability            | y company he                              | <u>re</u> :        |  |                |  |
| The new name must be distinguishable and end with the words   |                         |   |                    |  |                |  |
| The new name must be distinguishable and end with the words "L.L.C."  | s "Limited              | Liability Comp                            | any," the designat | ion "LLC" or th                        | e abbreviation |  |
| Enter new principal offices address, if applicable:   | _                       | No  | change             | Z <sub>2</sub> 2 ≥                     |                |  |
| (Principal office address MUST BE A STREET ADDRE  | <u>ess)</u>             |   | Change             | A                                      |                |  |
| Enter new mailing address, if applicable:   | _                       | · ••, · <u>-</u> .,                       |                    | ······································ |                |  |
| (Mailing address MAY BE A POST OFFICE BOX)  | -                       |   |                    | <u> </u>                               | <u> </u>       |  |
| B. If amending the registered agent and/or register registered agent and/or the new registered office address:  Name of New Registered Agent:  New Registered Office Address: | ess here:               |   | ter Florida stree  | ter the name                           |                |  |
| <del></del>   | City                    |   | , Florid           | _, Florida<br>Zip Code                 |                |  |
|   | Cuy                     |   |                    | Zip Coue                               |                |  |

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 Title <u>Name</u> <u>Address</u> **Type of Action** GARY MYERS 317 Feather PL LONGWOOD FL 32779 MGRM Add Remove ☐ Add ☐ Remove Remove Remove Remove Remove D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary, ARR ARRAY STATES) Dated \_\_\_\_\_\_\_ Oct. 31 , 2011 . Signature of a member or authorized representative of a member GARY MYERS
Typed or printed name of signee

Page 2 of 2

Filing Fee: \$25.00