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## **COVER LETTER**

TO: Registration Section Division of Corporations					
SUBJECT: Concel by Owner L.L.C.  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:					
Herbert Dary L Brown					
Herbert Daryl Brown Name of Person  Cancel By Owner L.L.C., Firm/Company					
5131 Deer neekdr					
oRlando Fl. 32821					
City/State and Zip Code  Jack Oliver 32 8090 Cmail. lom  E-mail address: (to be used for future annual report notification)					
For further information concerning this matter, please call:  H. Dary L. Brown at 407, 923-4073  Name of Person Area Code & Daytime Telephone Number					
Enclosed is a check for the following amount:					
\$25.00 Filing Fee \$\ \text{Certificate of Status} \text{S55.00 Filing Fee & Certified Copy (additional copy is enclosed)} \$\ \text{Certified Copy (additional copy is enclosed)} \text{\$\text{Certified Copy (additional copy is enclosed)}} \$\t					

### 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

FILED 11 SEP 28 PM 12: 18

	Or	aller to demonstrate	
Cancelby	swner	L, L, CAHASSEE, FLORI	
(Name of the Limited Liability Com (A Florida Limited	pany as it now appears or d Liability Company)	our records.)	
, , , , , , , , , , , , , , , , , , , ,		Val ball	
The Articles of Organization for this Limited Liability Compa	ny were filed on	106/20// and assigned	
Florida document number	<i>†</i> ′	/	
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited lin	ability company here:		
The new name must be distinguishable and end with the words "Li "L.L.C."	mited Liability Company,"	the designation "LLC" or the abbreviation	
Enter new principal offices address, if applicable:			
(Principal office address MUST BE A STREET ADDRESS)			
Enter new mailing address, if applicable:			
• • • •			
(Mailing address MAY BE A POST OFFICE BOX)			
	<u> </u>		
B. If amending the registered agent and/or registered registered agent and/or the new registered office address he		records, enter the name of the new	
Name of New Registered Agent:			
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

	the Managers or Managing Members on Member being added or removed from o	our records, <u>enter the title, name, and addre</u> our records:	ss of each Manager
MGR = Mana MGRM = Ma	ager unaging Member		
<u>Title</u>	Name	Address	Type of Action
MGRM	Herbert, DaryL, Brown	5131 Deer Crock dr orlando Florida 32821	Add Remove
			Add Remove
	<del></del>		Add Remove 
<del></del>			Add Remove
<del></del>			Add Remove 
			Add Remove
D. If amendin	ng any other information, enter change(s)	here: (Attach additional sheets, if necessary.)	_
			- -
DO	7- 14-7011		-
Dated	Signature of a member or	authorized representative of a member	
_	Pont Hol	for III. printed name of signee	

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Filing Fee: \$25.00