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ALLAHASSEE, FLORIDA

D. BRUCE

OCT 6 2011

EXAMINER

COVER LETTER

Division of Corporations			
SUBJECT: The Favored Party 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:			
Keri Reese-Bennett			
The Favored Party LLC	<u> </u>		
224 Royal Daks Circle	ECHETAR	1 001 -5	Parties of the same of the sam
Longwood, J-L. 32779 City/State and Zip Code Keriabennettaamil.com E-mail address: (to be used for future annual report notification)		PM (2) 1-8	C
For further information concerning this matter, please call:			
Keri Reese - Bennett at (321) Und 2-3432 Name of Person at (321) Und 2-3432 Area Code & Daytime Telephone Number	· ············		
Enclosed is a check for the following amount:			
\$25.00 Filing Fee \$30.00 Filing Fee & \$55.00 Filing Fee & \$60.00 Filing Certificate of Status Certified Copy Certificate of Certified Copy (additional copy is enclosed)	of Status & opy		ed)

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

Name of the Limited Liability Compar (A Florida Limited L	The state of the s	<u>s.</u>)	
The Articles of Organization for this Limited Liability Company Florida document number	-	15,duland assigned	
This amendment is submitted to amend the following:		_	
A. If amending name, enter the new name of the limited liabi	ility company here:	11 OCT	
The new name must be distinguishable and end with the words "Limit 'L.L.C."	ted Liability Company," the designat	ion "ISCO" or the abbreviation	
Enter new principal offices address, if applicable:		70 0 C	
(Principal office address MUST BE A STREET ADDRESS)		RA S	
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	P.O. Box 91 Longwood, Fl	5472 - 32791	
B. If amending the registered agent and/or registered off registered agent and/or the new registered office address here		nter the name of the new	
Name of New Registered Agent:			
New Registered Office Address:	Futou Florida atua	ot addrass	
	Enter Florida street address		
	City , Florid	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 **Title** Address **Type of Action** Name Allison S. Tate MGRM □ Add Remove □ Add ☐ Remove ☐ Add Remove Add Remove Add Remove Add Remove D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) Dated Signature of a member or authorized representative

Page 2 of 2

Filing Fee: \$25.00