U1100011773

| (Re | questor's Name) | | | |
|-----------------------------------------|------------------|-------------|--|--|
| (Ad | dress) | | | |
| (Ad | dress) | | | |
| (Cit | y/State/Zip/Phon | e #) | | |
| PICK-UP | ☐ WAIT | MAIL | | |
| (Bu | siness Entity Na | me) | | |
| (Document Number) | | | | |
| Certified Copies | _ Certificate | s of Status | | |
| Special Instructions to Filing Officer: | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |

Office Use Only



100236601441

06/22/12--01016--024 **25.00

D. BRUCE

JUN 26 2012

EXAMINER

COVER LETTER

| TO: Registration Section Division of Corpora | | | | | |
|-------------------------------------------------|------------------------------------------------|-------------------------------------------------------------------|------------------------------------------------------------------------------------|-----------|-----------------------|
| SUBJECT: | | 15 LLC ted Liability Company | | | |
| | Name of Limit | led Liability Company | | | |
| The enclosed Articles of Ame | endment and fee(s) are sub | mitted for filing. | | | |
| Please return all corresponden | ice concerning this matter | to the following: | | | |
| _ | Jo | Shva Peterson Name of Person | <u>, </u> | | |
| | | Name of Person | | | |
| | Bla | modeals LLC Firm/Company | | | |
| | | | | | |
| | 254 | 9 Newbolt Dr. Address | | | |
| _ | | Address | | | |
| | Oal | - 1 F1 77017 | | 72 | DV. |
| _ | Urio | City/State and Zip Code | | 5 | VISIO SECT |
| <u>-</u> - | | Sters @ blancdea 15 to be used for future annual report notificat | | 12 JUN 22 | SECRETARY OF STATIONS |
| | | | ion) | | COR |
| For further information conce | rning this matter, please c | all: | | Š | Ř |
| Joshua | Peterson | at (321) 695-9. Area Code & Daytime T | 212 | PM 2: 56 | 17101 |
| Name of Per | son | Area Code & Daytime T | elephone Number | • | Š |
| Enclosed is a check for the fo | Howing amounts | | | | |
| | • | Corror Diller Corr | CO 00 Piling Peo | | |
| \$25.00 Filing Fee |]\$30.00 Filing Fee & Certificate of Status | \$55.00 Filing Fee & Certified Copy (additional copy is enclosed) | Section 1 Status & Certificate of Status & Certified Copy (additional copy is encl | losed) | |
| | | | | | |
| | ADDRESS: | STREET/COURIER | ADDRESS: | | |
| Registration | n Section | Registration Section | | | |

Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

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

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

| i on 10/13/1/ and assigned pany here: ty Company," the designation "LLC" or the abbreviation |
|------------------------------------------------------------------------------------------------|
| |
| |
| C. The desired HICZ who shows it |
| to Community the decisional as 60 LCD analysis abbandation |
| ly Company," the designation "LLC" or the aboreviation |
| N/A |
| <u> </u> |
| 2 VISEO |
| |
| 7/A 2 FARY |
| 70 20 00 00 00 00 00 00 00 00 00 00 00 00 |
| 2 RAT |
| ress on our records, enter the name of the new |
| |
| |
| Enter Florida street address |
| , Florida <u> </u> |
| Zip Code |
| |
| |

Page 1 of 2

If Changing Registered Agent, Signature of New Registered Agent

company has been notified in writing of this change.

If amending the Managers or Managing Members on our records, <u>enter the title, name, and address of each Manager of Managing Member being added or removed from our records</u>:

MGR = Manager MGRM = Managing Member

| <u>Title</u> | <u>Name</u> | | Address | Type of Action |
|--------------|-------------|---------|-------------------------------------------------------------------------------|---------------------------------------------|
| MGRN | 1 Nichola | s Fulch | 14851 oldham Dr. Orlando; FL 32826 | Add Remove |
| | | | | Add Remove |
| | | | | Add Remove |
| | <u> </u> | | | Add Remove |
| | | | | Add Remove |
| | | | | Add Remove |
| D. If an | | | e(s) here: (Attach additional sheets, if necessary.) | _ |
| | | | | DIVISION OF 12 JUN 22 |
| Dated _ | NA | , , , | · | ETARY OF STATE OF CORPORATIONS 22 PM 2: 56 |
| | | Joshu | or authorized representative of a member Peterson or printed name of signee | |

Page 2 of 2

Filing Fee: \$25.00