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EXAMINER



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SECRETARY OF STATE

COVER LETTER

TO:	Registration Section Division of Corporations
ж SUBJ	
	Name of Limited Liability Company
The er	nclosed Articles of Amendment and fee(s) are submitted for filing.
Please	return all correspondence concerning this matter to the following:
	Name of Person
	May Tay Service Finn/Company
	SULL north W St Unit N Address
	Persaula, Fl 32505 City/State and Zip Code
	E-mail address: (to be used for future annual report notification)
For fu	rther information concerning this matter, please call:
	Name of Person at 334,777-9283 Area Code & Daytime Telephone Number
Enclos	sed is a check for the following amount:
□ \$25	5.00 Filing Fee \$\ \text{Certificate of Status} \text{S55.00 Filing Fee & \textsup \\$60.00 Filing Fee, \text{Certificate of Status & \text{Certified Copy (additional copy is enclosed)}} \text{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

. Suit Armojon (UC
(Name of the Limited Liability Comp (A Florida Limited	pany as it now appears on our records.) d Liability Company)
The Articles of Organization for this Limited Liability Compan	ny were filed on 1110912011 and assigned
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited lia	ability company here:
MOUTOW SENICE IIL	
The new name must be distinguishable and end with the words "Lin" "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)	5222 north w street unitr
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	70 BOW 851741 EE S TI MODINGIAL 3608 2 TO
B. If amending the registered agent and/or registered or registered agent and/or the new registered office address he	office address on our records, enter than of the new ere:
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

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:

•	<u>Name</u>	Address	Type of Action
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			— n
			Remove
If amend	ling any other information, enter cha	nge(s) here: (Attach additional shee	ts, if necessary.)
	16 november, 2	110	
	49miles at	<u> </u>	

Filing Fee: \$25.00