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T. HAMPTON NOV 2 9 2011

EXAMINER

COVER LETTER

	ration Secti n of Corpo				ь		
euriect.	4	CA	1canen	Υ,	CCC		
SUBJECT:					ability Company		
The enclosed Art	ticles of Ar	nendment aı	nd fee(s) are sub	mitte	d for filing.		
Please return all	correspond	ence concer	ning this matter	to the	e following:		
	,		SIONE	Y	S/MM ons		
				-1-	Name of Person		
			<u> </u>		Firm/Company		
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			Tockso	/ \/()	. Address W/W FC 322	04	
		5	22622	City M	Address Ally, FC 322 /State and Zip Code MONJ CAN. COM	1	
For further inform	nation con		z-man address: (tt) be us	sed for future annual report notifi	cation)	-
<u> </u>	uey	SIMI	uon		at (904) 354- 90 Area Code & Daytime	000	x 224
	Name of Po	erson			Area Code & Daytime	Telepho	ne Number
Enclosed is a che	ck for the f	ollowing an	nount:				
\$25.00 Filing	Fee [□\$30.00 Fi Certific	ling Fee & ate of Status		\$55.00 Filing Fee & Certified Copy (additional copy is enclosed)		660.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
	Registration of P.O. Box	G ADDRES on Section of Corporation 5327 oe, FL 32314	ons		STREET/COURII Registration Section Division of Corpora Clifton Building 2661 Executive Cer Tallahassee, FL 323	i tions iter Circ	

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION

FILED

	Or	2011 NOV 23 PM 12: 08
LC McAN	eny, LCC	SECRETARY OF STATE
(<u>Name of the Limited Liability</u> (A Florida	y Company as it now appear Limited Liability Company)	s on oul Alebahald SSEE, FLORIDA
The Articles of Organization for this Limited Liability C	Company were filed on/	100/6, 201/ and assigned
Florida document number 41100 013 059	<u>w</u> .	
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the lim		<u>e</u> :
The new name must be distinguishable and end with the wo "L.L.C."	rds "Limited Liability Compa	ny," the designation "LLC" or the abbreviation
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDI	RESS)	
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		
B. If amending the registered agent and/or registered agent and/or the new registered office add		ur records, enter the name of the new
Name of New Registered Agent:		
New Registered Office Address:	Fni	er Florida street address
	Litt	
	City	, Florida 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 <u>Title</u> <u>Name</u> <u>Address</u> Type of Action ☐ Add Remove ☐ Add Remove ☐ Add Remove ☐ Add Remove ∏Add Remove \square Add Remove D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) Signature of a member or authorized representative of a member SIDNEY S. SIMMONS IT Typed or printed name of signee

Page 2 of 2

Filing Fee: \$25.00