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02/01/12--01005--003 **25.00

12 FEB - 1 AM 10: 00

12 FEB - I AM IO: 05

FEB = 1 2012 T. HAMPTO

•		COVER LETTER			
TO: Registration Sect Division of Corpo					
SUBJECT:	ham S Name of Limi	Hepair LLC ited Liability Company	•		
The enclosed Articles of Amendment and fee(s) are submitted for filing.					
Please return all correspondence concerning this matter to the following:					
	Jesse	Name of Person			
		Firm/Company			
	1458 A	Microso Dr. Address			
	Paracea	Fl 3234 (City/State and Zip Code	<u>, </u>		
E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call:					
Name of P	erson	at (elephone Number		
Enclosed is a check for the	following amount:				
\$25,00 Filing Fee	\$30.00 Filing Fee & Certificate of Status	\$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	\$60.00 Filing Fee, Certificate of Status & 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

12 FEB = 1 AM 10: 05

Pulham's	lity Company as it now appears of	SECRETARY OF STATE PALEAHASSRE, FLORIDS
(<u>Name of the Limited Liab</u> (A Flori	ility Company as it now appears of da Limited Liability Company)	our records.)
The Articles of Organization for this Limited Liabilit		28/1 and assigned
This amendment is submitted to amend the following	;	
A. If amending name, enter the new name of the l	imited liability company here:	
The new name must be distinguishable and end with the "L.L.C."	words "Limited Liability Company,"	'the designation "LLC" or the abbreviation
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET AD	DRESS)	
	•	·
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		
	_ _	
B. If amending the registered agent and/or re registered agent and/or the new registered office a	gistered office address on our ddress here:	records, enter the name of the new
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street address	
		, Florida
	Citv	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 Type of Action Title <u>Name</u> <u>Address</u> Add Remove 53 Alapaha Ave Matm 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 of a member Typed or printed name of signee

Page 2 of 2

Filing Fee: \$25.00