L1200000 3550

(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:
Special instructions to Fining Officer.
·

Office Use Only



100242310691

12/03/12--01019--023 **25.00

ZURDEC -3 MM '9: 13
SECRETARY OF STATE

J. SAULSBERRY EXAMINER

NFC 4 2012

COVER LETTER

TO: **Registration Section Division of Corporations** SUBJECT: 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: E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: Name of Person Area Code & Daytime Telephone 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

(Name of the Limited Liability Compan	v as it now appears on our	records.)
(Name of the Limited Liability Compan (A Florida Limited Li	ability Company)	<u> </u>
The Articles of Organization for this Limited Liability Company	were filed on \square \square	and assigned
Florida document number	7	
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liabi	lity company here:	
The new name must be distinguishable and end with the words "Limit "L.L.C."	ed Liability Company," the c	lesignation "LLC" or the abbreviat
Enter new principal offices address, if applicable:	James 7	LOTOLISTAL
(Principal office address MUST BE A STREET ADDRESS)	SYD HIV	SIDE AVE
	CUL BEE	225 FC 395
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		AL S
W. W. C.		PR R TI
		\$? =
B. If amending the registered agent and/or registered off		
registered agent and/or the new registered office address here	:	FS S
		ORIG
Name of New Registered Agent:		ω ω
New Registered Office Address:		<u></u> .
	Enter Florid	la street address
		Florida
	City	Zip Code
New Registered Agent's Signature, if changing Registered Agent:		
I hereby accept the appointment as registered agent and agre the provisions of all statutes relative to the proper and comple		

If Changing Registered Agent, Signature of New Registered Agent

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> Name **Address Type of Action** Remove Remove

-	ending any other information, enter change(s) here: (Attach additional sheets, if necessary.)
d	1/28/12 E/36/1
	Ans Palanch
	Signature of a member or authorized representative of a member

Page 3 of 3

Filing Fee: \$25.00

FILED