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K.SALY EXAMINER FEB - 4 2013

COVER LETTER

TO: Registration Secti Division of Corpo	
SUBJECT:	Mame of Limited Liability Company Name of Limited Liability Company
	Name of Limited Liability Company
The enclosed Articles of An	nendment and fee(s) are submitted for filing.
Please return all correspond	ence concerning this matter to the following:
	Jeremy Sporato Name of Person
	J. Roberts and Company
	Fort Myers, FL 33912 City/State and Zip Code Tereny. Sposato @ inoberts. com E-mail address: (to be used for future annual report notification)
	Fort Myers, FL 33912
	Tereny, Sposato @ noberts, com E-mail address: (to be used for future annual report notification)
For further information con-	cerning this matter, please call:
Jereny S	iposato a1,239, 349-2317
Name of P	erson Area Code & Daytime Telephone Number
Enclosed is a check for the	following amount:
\$25.00 Filing Fee	□\$30.00 Filing Fee & Certificate of Status 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

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ARTI	CLES OF ORGA	NIZATION:	13 FED LED
	OF		Was I PM
My 1	tomekinect	Leasing, C	13 FEB-1 PM 3: 20
(Name of the Limited	Liability Company as it n	ow appears on our reco	rds.)
(A	Florida Limited Liability (ompany)	-04
The Articles of Organization for this Limited Li	ability Company were fil	ed on 1/25/20	Pla and assigned
Florida document number L1200011	409		
Florida document number			
This amendment is submitted to amend the follow	owing:		
A. If amending name, enter the new name of	the limited liability con	ipany here:	
5			
The new name must be distinguishable and end wit "L.L.C."	h the words "Limited Liabi	lity Company," the design	nation "LLC" or the abbreviation
Enter new principal offices address, if applica	able:		
(Principal office address MUST BE A STREE	T ADDRESS)		
Enter new mailing address, if applicable:			
<u> </u>		<u> </u>	
(Mailing address MAY BE A POST OFFICE I	<u></u>		
			6.0
B. If amending the registered agent and/or the new registered of		lress on our records,	enter the name of the new
registered agent and/or the new registered or	nee audi ess nere.		
Name of New Registered Agent:	Law offic	e of Thom	as M. Tarsia, P.A
Navy Dagistaned Office Address	2311 Sut	Barbara Bli	d., #111
New Registered Office Address:	n-i. auda	Enter Florida st	
	Cape Con	0	22901
	Tiple 1911	<u> </u>	rida 33 (7/

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.

City

If Changing Registered Agent, Signature of New Registered Agent

Zip Code

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>	Address	Type of Action
			Add
			Remove
			Add
			Remove
			Add
			Remove
 			Add
			Remove
			Add
			Remove
		 	Add
			Remove

). If a	mending any other information, enter change(s) here: (Attach additional sheets, if necessary.)
ated _	January 28, 2013. M
	(W)
	Signature of a member or authorized representative of a member
	Jargany Yosato, Pias
	Typed or printed name of signee
	Page 3 of 3

Filing Fee: \$25.00