L12000015947

(Requestor's Name)				
(Address)				
,				
(Address)				
(City/State/Zip/Phone #)				
•				
PICK-UP WAIT MAIL				
·				
(Business Entity Name)				
(Document Number)				
Outfail Outland				
Certified Copies Certificates of Status				
Special Instructions to Filing Officer:				
Special results of the second				

Office Use Only



100223746551

03/05/12--01016--005 **25.00

12 MAR -5 AM IO: 58
SECRETARIES OF STATE

COVER LETTER

)
)

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

FILED 12 MAR -5 AM 10: 50

Name of the Limited Liability Company as it now appears on our records.

(A Florida Limited Liability Company)

The Articles of Organization for this Limited Liability Company were filed on 2-2-12 and assigned

Florida document number __L_12_0000_15_947_.

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

The new name must be distinguishable and end with the words "Limited Liability Company," the designation "LLC" or the abbreviation "LLC."

Enter new principal offices address, if applicable:

(Principal office address MUST BE A STREET ADDRESS)

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

New Registered Office Address:

Enter Florida street address

Citv

______, Florida ______

A monte

B. If amending the registered agent and/or registered office address on our records, enter the name of the new

Zip Code

New Registered Agent's Signature, if changing Registered Agent:

registered agent and/or the new registered office address here:

Name of New 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:

	lanaging Member		
<u>Title</u>	<u>Name</u>	Address	Type of Action
MGRM	GOO I OU LLC	375 West Bay Ave Eagle Lake , FL 338	Add Remove
			Add Remove
			Add Remove
			Add Remove
			AddRemove
			AddRemove
D. If amendi	ing any other information, enter	change(s) here: (Attach additional sheets, if necess	ary.)
			7 7 7 7 7 7 7 7 7 7
Dated	arch 2,	2012	FILED 12 MAR -5 AH 10: ECRITARY OF STA
-		nember or authorized representative of a member	0: 58 7.77E 7.77E
-	Doy	Typed or printed name of signee	

Page 2 of 2

Filing Fee: \$25.00