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COVER LETTER

TO: Registration Section Division of Corporations	
SUBJECT: SPOWDAZO 12 LLC 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:	
Sarah Finch	_
Sarah Finch Name of Person Bishop Beale Realty LLC Finn/Company	_
1321 Edgewater Drive Suite 2	_
Orlando FL 32804 City/State and Zip Code Sarah D bishop beale. Com E-mail address: (to be used for future annual report notification)	2012 APR 30
E-mail address: (to be used for future annual report notification)	PR 3
For further information concerning this matter, please call:	-
Sarah Finch Name of Person at (+07) 426 - 7702 Area Code & Daytime Telephone Numb	
Enclosed is a check for the following amount:	
Certificate of Status Certified Copy Certified Copy Certified Copy (additional copy is enclosed)	Filing Fee, cate of Status & ed Copy onal 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

	AZO 12				
(<u>Name of the Limited</u> (A	Liability Company a Florida Limited Liab	as it now appears of ility Company)	n our records.)		
The Articles of Organization for this Limited Li Florida document number	ability Company we	ere filed on Febr	uary 8, 20	212 and a	issigned
This amendment is submitted to amend the following	owing:				
A. If amending name, enter the new name of	the limited liabilit	y company here:			
The new name must be distinguishable and end wit "L.L.C."	h the words "Limited	Liability Company,	" the designation '	LLC" or th	
Enter new principal offices address, if applic	able:				1
(Principal office address MUST BE A STREE	T ADDRESS)			<i>ြီး</i> ည	4017
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE)	- <u>BOX)</u>			EEFLORDS	
B. If amending the registered agent and/oregistered agent and/or the new registered of Name of New Registered Agent: New Registered Office Address:	fice address here:	D. Bist	Plorida street aa	ldress	of the new
		City	, Florida _	Zip Co	ode
	·	/		1-	

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 Changing Registered Agent, Signature of New Registered Agent

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

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If amend	ling any other information, enter o	change(s) here: (Attach additional s	heets, if necessary.)
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Page 2 of 2

Filing Fee: \$25.00