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COVER LETTER

Division of Corporations
SUBJECT: Lawrent Cutto Scale Luck Name of Limited Liability Company
Name of Entitled Elability Company
The enclosed Articles of Amendment and fee(s) are submitted for filing.
Please return all correspondence concerning this matter to the following:
Name of Person
Firm/Company
1713 London crest De unit 101 Address
City/State and Zip Code
E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Tifeco at (407 276-0353 Name of Person Area Code & Daytime Telephone Number
Enclosed is a check for the following amount:
\$25.00 Filing Fee \$\ \text{Certificate of Status} \text{S30.00 Filing Fee & Certified Copy (additional copy is enclosed)} \$\ \text{S60.00 Filing Fee, Certified Copy (additional copy is enclosed)} \text{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

Laurent	- CU	(C) Sc	2105	$\mathcal{L}\mathcal{L}\mathcal{C}$	` -		
(<u>Name of the Limited L</u> (A F	<mark>iability Company</mark> Iorida Limited Lia	as it now an	pears on our i	records.)			
· ·		•					
The Articles of Organization for this Limited Liab	oility Company w	ere filed on	<u>2/10</u>	<u>/12</u>	and assig	gned	
Florida document number L120000	<u>025</u> 7						
This amendment is submitted to amend the follow	ing:						
	J						
A. If amending name, enter the new name of the	<u>he limited liabili</u>	ty company	<u>here</u> :				
<u> </u>							
The new name must be distinguishable and end with t "L.L.C."	he words "Limite	d Liability Co	ompany," the d	esignation "	'LLC" or the ab	breviation	
Enter new principal offices address, if applicab	le:					1 tinu a	, 0
(Principal office address MUST BE A STREET.	ADDRESS)	<u>0000</u>	<u>~≥0, f</u>	<u> </u>	<u>8185</u>		
Enter new mailing address, if applicable:							
(Mailing address MAY BE A POST OFFICE BO	OX)		\mathcal{H}	<u> </u>	70 T		
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		•			至二 60		
B. If amending the registered agent and/or	registered offic	e address	on our recor	ds, <u>enter</u>	the name of	the new	
registered agent and/or the new registered office	<u>e address here</u> :				Eg R		
					FLO		
Name of New Registered Agent:	. 5cm	<u>~</u>			22 C		
New Registered Office Address:	500	~C			>		
			Enter Floria	la street add	dress		
	Sc	~~ c	<u>-</u>	Florida	500	~∈	
•		City	 ,		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 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

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 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