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B. BOSTICK

MAR 2 3 2012

EXAMINER

COVER LETTER

Division of Corp	orations			
SUBJECT: La	ndology Investme	ent Services, LLC. ted Liability Company		
	Name of Limit	ted Liability Company		
The enclosed Articles of A	Amendment and fee(s) are sub	mitted for filing.		
Please return all correspon	idence concerning this matter	to the following:		
	Thom	Name of Person		
		Name of Person		
	Lando	Say Investment service Firm/Company	es	
		Firm/Company		
	135	2 sd Avenue North		
		Madrobs		
	Jack	sonville Beach, FL	32250 FS =	
		City/State and Zip Code	2	
	Sacksonville Beach, FL 32250 City/State and Zip Code #Re landology.com E-mail address: (to be used for future annual report notification) Information concerning this matter, please call: Thomas Kelly Name of Person at (104) 242-9185 Area Code & Daytime Telephone Number			
	E-mail address: (1	o be used for future annual report notifica	tion) SS 22	
For further information co	ncerning this matter, please c	all:	FIG. P.	
Thomas	Kelly	at (9.4) 242-9	/15 FLOR	
Name of	Person '	Area Code & Daytime 1	Telephone Number OTI F	
Enclosed is a check for the	e following amount:			
\$25.00 Filing Fee	\$30.00 Filing Fee & Certificate of Status	\$55,00 Filing Fee & Certified Copy (additional copy is enclosed)	Sectificate of Status & Certificate Copy (additional copy is enclosed)	
			P.P.P.F.G.	

MAILING ADDRESS:

TO:

Registration Section

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

Landolosy Inves				
(Name of the Limited Liability (A Florida I	Company as it no Limited Liability Co	w appears ompany)	n our rec	ords.)
The Articles of Organization for this Limited Liability C Florida document number		d on Fes	lovery	27,20/2 and assigned
This amendment is submitted to amend the following:				
A. If amending name, enter the new name of the lim	ited liability com	pany here:		
The new name must be distinguishable and end with the wor "L.L.C."	rds "Limited Liabili	ty Company	" the desig	gnation "LLC" or the abbreviation
Enter new principal offices address, if applicable:	<u> </u>			TA 12
(Principal office address MUST BE A STREET ADDR	(ESS)			THE TOTAL PROPERTY OF THE PROP
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)				22 PHI2: 2
IMMINING MANTESS MAT BE AT OST OFFICE BOX				5m ±
B. If amending the registered agent and/or registered agent and/or the new registered office add		ress on our	records	, enter the name of the new
Name of New Registered Agent:				
New Registered Office Address:				
		Enter	Florida s	street address
·	, Florida			
	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> **Name** Address **Type of Action** Felix M Solaun 135 22 Ave N Add

5acksonville Beach, FL 32250 Remove Thomas W Kelly 135 2 24 Aven Add

Sackson 17/2 Beach, Fl 32250 Remove Remove □Add Remove Add Remove D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) Dated March 16 , 20/2. Signature of a member or authorized representative of a member Landology LLC by Michael T. Mclann its Manager

Typed or printed name of signee

Page 2 of 2

Filing Fee: \$25.00