# L12000032055

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J. SAULSBERRY EXAMINER APR **3** 2012

# **COVER LETTER**

## TO: Registration Section Division of Corporations

okhoi SUBJECT: Liability Company

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Namé C Firm/Company City/State and Zip Code <u>8</u>н 8. 6 E-mail address: (to be used for future and report notification در ک For further information concerning this matter, please call: at (352) 226 4209 Area Code & Daytime Telephone Number 4209 Enclosed is a check for the following amount: \$25.00 Filing Fee \$55.00 Filing Fee & \$60.00 Filing Fee, \$30.00 Filing Fee & Certified Copy Certificate of Status & Certificate of Status (additional copy is enclosed) Certified Copy (additional copy is enclosed) **STREET/COURIER ADDRESS:** MAILING ADDRESS: **Registration Section Registration Section** Division of Corporations **Division of Corporations** P.O. Box 6327 **Clifton Building** Tallahassee, FL 32314 2661 Executive Center Circle 7

Tallahassee, FL 32301

ARTICLES OF AMENDMENT
ΤΟ
ARTICLES OF ORGANIZATION
OF
(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 <u>3/6/2012</u> and assigned Florida document number <u>412000032055</u> .

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 "L.L.C."

Enter new principal offices address, if applicable:	i'se	2012	
(Principal office address MUST BE A STREET ADDRESS)	AH	APF	
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	EF.	P	<b>m</b>
Enter new mailing address, if applicable:	TST.	<u>_</u>	<b>[</b> ]]
(Mailing address MAY BE A POST OFFICE BOX)	RATE	ي	
		-	

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

Name of New Registered Agent:	Thomas W. BEKHER	
New Registered Office Address:	6461 Brooklyn BAY Rd	
	Enter Florida street address	
	Konstorie Hoights, Florida 32656 City Zip Code	
	City l 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, Thereby 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, <u>enter the title, name, and address of each Manager</u> or Managing Member being added or removed from our records:

MGR = Manager MGRM = Managing Member

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<u>Title</u>	Name		Address		<b>Type of Action</b>
MGRM	Shaddord	Scher	6461 Brooklyn B Keystonie Hyts FL 320	by Rd	Add Remove 
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D. If amendi	ing any other informa	tion, enter change(	s) here: (Attach additional sheets, if n	ecessary 5	
				LLAHASSEE, F	TILE 2012 APR -2 AM
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Dated 3/	·	, 201	withorized representative of a member		
-		nAS Z) 7	E/C/E printed name of signee	· · · ·	
			Page 2 of 2		

Filing Fee: \$25.00