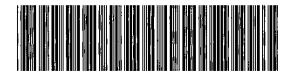
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J. SAULSBERRY EXAMINER

MAY 9 2012

# **COVER LETTER**

TO: Registration Section Division of Corporations		
	tited Liability Company	
The enclosed Articles of Amendment and fee(s) are su	abmitted for filing.	
Please return all correspondence concerning this matter	er to the following:	
Tanes	Name of Person	
Neppend	Firm/Company	<del></del>
11420	Address	
workingrow	City/State and Zip Code	7/4 ZB
Maisso Frica E-mail address:	(to be used for future annual report notifica	tion)
For further information concerning this matter, please	call:	
Name of Person	at (9/7) 3/8-3 Area Code & Daytime T	<u>133 5≚</u> ∞ □
Enclosed is a check for the following amount:		
\$30.00 Filing Fee Certificate of Status	\$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	S60.00 Filing Fee, Certificate of Status & 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

(Name of the Limited Liability Compar (A Florida Limited L	y as it now appears on iability Company)	our records.)
The Articles of Organization for this Limited Liability Company	were filed on	loz boj 2 and assigned
Florida document number 4/200032 448		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liabi	lity company here:	
The new name must be distinguishable and end with the words "Limit "L.L.C."	ted Liability Company,"	the designation "LLC" or the abbreviation
Enter new principal offices address, if applicable:	_SAME"	<b>1 2 2 2 2</b>
(Principal office address MUST BE A STREET ADDRESS)		F8 5
		三帝 三
		SS A
Enter new mailing address, if applicable:	SAME	
(Mailing address MAY BE A POST OFFICE BOX)		7.0 <b>3</b>
		97 9
		. 57
B. If amending the registered agent and/or registered off registered agent and/or the new registered office address here		records, enter the name of the new
Name of New Registered Agent:	NONE	
New Registered Office Address:		
new registered office rivations.	Enter Florida 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 the provisions of all statutes relative to the proper and complete accept the obligations of my position as registered agent as publing filed to merely reflect a change in the registered office company has been notified in writing of this change.	lete performance of m provided for in Chapte	y duties, and I am familiar with and er 608, F.S. Or, if this document is

Page 1 of 2

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 or Managing Member being added or removed from our records</u>:

MGR = Manager

MGRM = Managing Member <u>Title</u> Name <u>Address</u> Type of Action MGRM Joseph Nonzy \_\_\_ Add Remove ☐ Add Remove ☐ Add ☐ Remove Add Remove  $\square \Lambda dd$ Remove ∏Add Remove D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) Dated <u>5/1/12</u> r authorized representative of a member Typed or printed name of signee

Page 2 of 2

Filing Fee: \$25.00