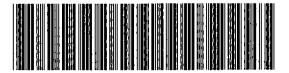
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estor's Name)	-						
(Address)							
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MAIT	MAIL						
(Business Entity Name)							
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Certificates	s of Status						
Special Instructions to Filing Officer:							
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Office Use Only



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12 APR 30 PM 4: 00
SECRETARY OF STATE

C. LEWIS

MAY -1 2012

EXAMINER

TO:	Registration Section Division of Corporat	ions	Alega 🖦 🚙 K 🐧	
SUBJE	ст. <u>В</u>	G TUCKER Name of Limi	HOLDINGS LLC ted Liability Company	
The enc	closed Articles of Amen	dment and fee(s) are sub	omitted for filing.	
Please 1	eturn all correspondenc	e concerning this matter	to the following:	
	_	BENNET	T ANDLEWS Name of Person	
			Firm/Company	·
		END	ZOS 5TH AVE NI	#301
		51	PETERSBURG FL 3 City/State and Zip Code	33701
	r grade		E HOUSING @ GMAIL . C. o be used for future annual report notificat	
For furt	her information concern	ning this matter, please c	all:	
	BENNETT Name of Person	ANDREWS	at (727) 385 - S Area Code & Daytime T	elephone Number
Enclose	d is a check for the follo	owing amount:		
\$2 5.	00 Filing Fee	30.00 Filing Fee & Certificate of Status	\$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	\$60.00 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

23

STREET/COURIER ADDRESS:
Registration Section
Division of Corporations
Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

TO ARTICLES OF ORGANIZATION **OF**

FIL	ED
12 APR 30	PM
SECRETARY	DF ST.

Ric Tu	creo 1	14.5.46	1 / SECR	ETADY - PM 4: 01
Name of the Limited L	iability Company lorida Limited Lia	as it now appears of bility Company)	n our records.	HASSEE, FLORIDA
The Articles of Organization for this Limited Liab Florida document number	oility Company w			
This amendment is submitted to amend the follow	ring:			
A. If amending name, enter the new name of the	ne limited liabili	ty company here:		
The new name must be distinguishable and end with a "L.L.C." Enter new principal offices address, if applicable (Principal office address MUST BE A STREET)	ole:	d Liability Company,	" the designation "L	LC" or the abbreviation
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BO	<u>2X)</u>	PD B0 57 PE	x 530 6. TERSBURG,	39 FL 33747
B. If amending the registered agent and/or registered agent and/or the new registered office		ce address on our	records, enter t	he name of the new
Name of New Registered Agent:		BENNETT	ANDRE	NS
New Registered Office Address:	70	0 7 14	AVE N	ress
	ST P	Enter ETERSBURG City	r <i>iorida street addi</i> , Florida	33701 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

or Managing Miemper being added or removed from our records:

MGR = Manager MGRM = Managing Member **Type of Action** <u>Title</u> <u>Name</u> **Address** MGRM BENNETT ANDREWS ☐ Add Remove ☐ Add ☐ Remove Add Remove □Add Remove Remove D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) APRIL Signature of a member or authorized representative of a member

Page 2 of 2

Filing Fee: \$25.00

BENNETT ANDREWS

Typed or printed name of signee