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EXAMINE

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## **COVER LETTER**

TO: Registration Seconds Division of Cor			
SUBJECT: XCE	MANGGE ME Name of Limit	at Service S ed Liability Company	· · · · · · · · · · · · · · · · · · ·
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	,
Please return all correspo	ondence concerning this matter	to the following:	
	Kewi	Name of Person	· .
	xcel ma	Firm/Company	<u>د 2 </u>
	2019 SW 8	Note St. Suck	238
		City/State and Zip Code	
For further information of	E-mail address: (to concerning this matter, please concerning this matter)	Demail (CO m) o be used for future annual report notification	on)
Mame &	For Person	at ( <b>729</b> ) <b>252- 400</b> Area Code & Daytime Tel	ephone Number
Enclosed is a check for t	he following amount:		
□ \$25.00 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)
Regist Divisio P.O. B	ING ADDRESS: ration Section on of Corporations ox 6327 assee, FL 32314	STREET/COURIER Registration Section Division of Corporation Clifton Building 2661 Executive Center Tallahassee, FL 32301	HASSE 20

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

MANAGEMENT CFRITCES LLC.

(Name of the Limited Liability Con (A Florida Limit	npany as it now appears on our ed Liability Company)	records.)
The Articles of Organization for this Limited Liability Comp  Florida document number	oany were filed on	and assigned
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 "I "L.L.C."	Limited Liability Company," the	designation "LLC" or the abbreviation
Enter new principal offices address, if applicable:		2012 SE FALI
(Principal office address MUST BE A STREET ADDRESS	<u> </u>	a garage
	<del></del>	2 2 F
Enter new mailing address, if applicable:	and the same of th	
(Mailing address MAY BE A POST OFFICE BOX)		: <b>5</b>
B. If amending the registered agent and/or registered registered agent and/or the new registered office address		ords, <u>enter the name of the nev</u>
Name of New Registered Agent:		
New Registered Office Address:	Enter Flor	ida street address
<del></del>		_, Florida
	City	Zip Code

New Registered Agent's Signature, if changing Registered Agent:

XCF/

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
MGRM	Kevin . L. Spiker	2019 SW 20th St.	Xdd
		Fort Laudoudale, FL. 33315	Remove
			Add Remove
			Add
		FALLAHASSEE, FLORI	2012 DEQ
		EF, ELORIDA	Remove 2 Add
			Remove
			Remove

). If ar	nending any other information, enter change(s) here: (Attach additional sheets, if necessary.)
Dated _	Rocember 124 2012.
	Signature of a member or authorized representative of a member
	Typed or printed name of signee
	Page 3 of 3

Filing Fee: \$25.00

2012 DEC 20 PM 12: 52 SECRETARY OF STATE