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J. SAULSBERRY EXAMINER

SEP 7 2012

COVER LETTER

TO: Registration Section Division of Corporations
SUBJECT: TIMMIC POLORONIS, LLC Name of Limited Liability Company
The enclosed Articles of Amendment and fee(s) are submitted for filing.
Please return all correspondence concerning this matter to the following:
TIMMY POURONIS
TIMMY POLORONIS, UC FINE SINGER SINGE
167 alst Ave
ADALACHEOLA Fr. 32320 City/State and Zip Code
E-mail address: (to be used for filture annual report notification)
For further information concerning this matter, please call:
Name of Person Policy Area Code & Daytime Telephone Number
Enclosed is a check for the following amount: \$25.00 Filing Fee \$\ \text{S55.00 Filing Fee & Certificate of Status}\$\$ Certified Copy (additional copy is enclosed) \$60.00 Filing Fee, Certified Copy (additional copy is enclosed)
MAILING ADDRESS: Registration Section STREET/COURIER ADDRESS: Registration Section

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 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 ed (A Plorida Lim	ompany as it now appearited Liability Company)	rs on our records.)	LC	/	
The Articles of Organization for this Limited Liability Com Florida document number 3,19,12			3 and assig	gned	
This amendment is submitted to amend the following:				- ·	
A. If amending name, enter the new name of the limited	l liability company he	re:			
The new name must be distinguishable and end with the words '"L.L.C."	"Limited Liability Comp	any," the designation "LL		obreviation	
Enter new principal offices address, if applicable:		(E)	2012 S		
(Principal office address MUST BE A STREET ADDRES		<u> </u>		pringer of Links	
			*************************************	-	
			当至	T I I	
Enter new mailing address, if applicable:		5	ST S	E	
• • • • • • • • • • • • • • • • • • • •					
(Mailing address MAY BE A POST OFFICE BOX)					
B. If amending the registered agent and/or registere registered agent and/or the new registered office address	ed office address on s here:	our records, <u>enter the</u>	name of	the new	
Name of New Registered Agent:	<u></u>				
New Registered Office Address:					
	E	Enter Florida street address			
	Florida				
	City	, - 101.22	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 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 = Mana MGRM = Ma	ger naging Member				
<u>Title</u>	<u>Name</u>	Address	Y DALY M	inagha Ma uniy Poloru	Mach Type of Action Malh
Mak	THATHY C. POLORO		Apalack	AND TO SE	Remove
MGEM	LeeAnne Polovoni	5 147	21st Ave Apala C	Micala _r Pa 3237	Add Remove
					Add Remove
					Add Remove
					Add Remove
					Add Remove
D. If amendin	g any other information, enter change(s Only amending Polononis as a	s) here: (Alla Jo MGR(remove	LecAnne	2012 SEP -4 SECRETARYO PALL MHASSEE
Dated	8.30.12	 		, collas	LEU MINS: 32
_	Timma	_	presentative of a modern of signee	ember	

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Filing Fee: \$25.00