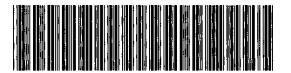
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SEGRETARY OF STATE
TALLAHASSEE, FLOSION

COVER LETTER

TO: Registration Section Division of Corporations
SUBJECT: SOUTH FLORIDD ODON ELIMINATIONS 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:
TAMES RAZZANO Name of Person
SOUTH FLORIDA OBOR ELIMINATORS LL
8269 NW 124 TN TERRECT
PARILLAND FLORIDA 33ETE -
TAMES (State and Zip Code DOL COM) E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
TIME I RAZZAVO at 954 685-9085 Name of Person Area Code & Daytime Telephone Number
Enclosed is a check for the following amount:
\$25.00 Filing Fee \$\ \text{Certificate of Status}\$\$\ \text{Certified Copy} \\ \text{(additional copy is enclosed)}\$\$\$\ \text{Certified Copy} \\ \text{(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

SOUTH FLOI	UM OMR EI	IMINATORS LLC.	
(Name of the Limited I (A F	Jability Company as it now appears or lorida Limited Liability Company)		
The Articles of Organization for this Limited Lia Florida document number 4/20006	<u> </u>	ARCH 19 2012 and assigned	
This amendment is submitted to amend the follow	wing:		
A. If amending name, enter the new name of t	the limited liability company here:	FLORM	
The new name must be distinguishable and end with "L.L.C."	the words "Limited Liability Company,"	the designation "LEC" or the abbreviation	
Enter new principal offices address, if applical	ble:		
(Principal office address MUST BE A STREET	ADDRESS)		
Enter new mailing address, if applicable:			
(Mailing address MAY BE A POST OFFICE B	<u>ox</u>)		
	- "		
B. If amending the registered agent and/or registered agent and/or the new registered offi		records, <u>enter the name of the new</u>	
Name of New Registered Agent:			
New Registered Office Address:			
	Enter Florida street address		
	Cit.	, Florida	
	City	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 = M MGRM =	lanager - Managing Member		
<u>Title</u>	Name	Address	Type of Action
			Add Remove
			Add Remove
			Add Remove
			ALLIAND Somove
			SSEE Promove D
			Add Remove
D. If ame	ending any other information, enter char	nge(s) here: (Attach additional sheets, if necessar	v.)
-	PARKLAND	FL 33076	
-	ANC UC- 1	7.47	
Dated/	Om la	Decor authorized representative of a member	
	JAME.	s 122000 ed or printed name of signee	