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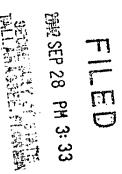
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J. BRYAN

OCT -1 2012

**EXAMINER** 

# **COVER LETTER**

TO: Registration Section Division of Corporations
SUBJECT: MITS CAME LLC  Name of Limited Ciability Company
The enclosed Articles of Amendment and fee(s) are submitted for filing.
Please return all correspondence concerning this matter to the following:
Christopher H. Morrison Esq.
Prottand Morrison PA Firm/Company
1215 Louisiana Ave # 200
Winter Park FL 32789 City/State and Zip Code
E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Christopher H. Morrison Esq at (401, 539, 2597) Name of Person Area Code & Daytime Telephone Number
Enclosed is a check for the following amount:  \$\sum_{2500} \text{Filing Fee} \tag{\$\sum_{30.00} \text{Filing Fee} & \text{Certified Copy} & Cer

### MAILING ADDRESS:

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

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# 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

WLDS CAME	.UC	
(Name of the Limited Liability Com	pany as it now appears on our record Liability Company)	<u>ds.</u> )
•	· · · · /	
The Articles of Organization for this Limited Liability Compa	iny were filed on	and assigned
Florida document number <u>L12 0000 43 59</u>	99	
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited li	iability company here:	
The new name must be distinguishable and end with the words "L	imited Liability Company "the decign	ation "I I C" or the abbreviation
"L.L.C."	mined Liability Company, the design	ation bbc of the above lation
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDRESS)	<u> </u>	TO S
		0 1
Enter new mailing address, if applicable:		The Residence
(Mailing address MAY BE A POST OFFICE BOX)		بن
		3
		¥.
B. If amending the registered agent and/or registered registered agent and/or the new registered office address b		enter the name of the new
	<del></del>	
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street address	
	, Flor	rida
	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 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 Type of Action <u>Title</u> Address Name MGR PL-US RANCH LLC 11370 S BRIGHTSTAL AK MAD Remove FROMAL CITY, FL 33436 Remove FROMAL CITY, FL 33436 Remove Remove ∏Add Remove ∏Add Remove D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) Signature of a member or authorized representative of a member Typed or printed name of signee

Page 2 of 2

Filing Fee: \$25.00