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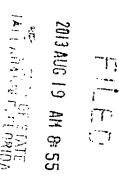
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EXAMINER AUG 21 2013

## **COVER LETTER**

TO: Registration Section Division of Corporations		
SUBJECT: Pristing Propries	DEV TIES OF YOU	USICILLC
The enclosed Articles of Amendment and fee(s) are	e submitted for filing.	2013 A
Please return all correspondence concerning this ma	atter to the following:	
Julie	Slowoski Name of Person	2013 AUG 19 AM 8: 55
Priste	no Properties	of Youthora
3959 S.	Nova Rd. Su	ite#10
Doet 0	City/State and Zip Code	
<u>)ULQ D</u> E-mail addres	ss: (to be used for future annual report notification	Hamo Com
For further information concerning this matter, plea	se call:	
Julie Slowinski Name of Person	at 300 537-10 Area Code & Daytime Tel	dephone Number
Enclosed is a check for the following amount:		
\$25.00 Filing Fee \$\times \text{Certificate of Status}\$	□\$55.00 Filing Fee &  Certified Copy  (additional copy is enclosed)	□\$60.00 Filing Fee, Certificate of Status & Certified Copy

**MAILING ADDRESS:** 

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

STREET/COURIER ADDRESS:

(additional copy is enclosed)

Registration Section Division of Corporations Clifton Building
2661 Executive Center Circle Tallahassee, FL 32301

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

(A Florida Limi	ited Liability Company)
The Articles of Organization for this Limited Liability Com	pany were filed on 403000 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 "L.L.C."	'Limited Liability Company," the designation "LLC" or the abbreviation
Enter new principal offices address, if applicable:	•
(Principal office address MUST BE A STREET ADDRES	(S) \(\frac{\fir}{\fint}}}}}}{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\fir}}}}}}}{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\fir}{\fint}}}}}}}}{\frac{\frac{\frac{\frac{\frac{\fir}}}}}{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\fir}}}}}}}{\frac{\frac{\frac{\fir}{\fir}}}}}}{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\
•	wante grant
Enter new mailing address, if applicable:	### <b>40 \                                  </b>
(Mailing address MAY BE A POST OFFICE BOX)	
	30 <b>5</b>
B. If amending the registered agent and/or registere registered agent and/or the new registered office address  Name of New Registered Agent:  New Registered Office Address:	ed office address on our records, enter the name of the new shere:  Le Poles Don Stadio Stadi
New Registered Agent's Signature, if changing Registered Agent	-4

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.

Changing Registered Agent, Signature of New Registered Agent

If amending the Managers or Managing Members on our records, <u>enter the title</u>, <u>name</u>, <u>and address of each Manager or Managing Member being added or removed from our records</u>:

MGR = Manager MGRM = Managing Member				
<u>Title</u>	Name	Address	Type of Action	
mgem	Julie BRountson	3959 S. Nova Rd #11	Add Add	
		port openge; F132r	Remove	
<u>mqe</u> m	Juie R. Slawnsk	i 3959. S. pova Rd	# \\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\	
		Port Dange, F13216	Remove	
		ALL PASSAL FLOAIDE	Add Remove  Add  Remove  Add  Remove	
<del></del>			_ Add _ Remove	
	······································		Add Remove	

amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)
d
July Robertoon Sowinske
Signature of a member or authorized representative of a member
Typed or printed name of signee

Page 3 of 3

Filing Fee: \$25.00

2013 AUG 19 AM 8: 55