## Florida Department of State

Division of Corporations Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H12000136022 3)))



H120001360223ABCR

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations

Fax Number

: (850)617-6383

From:

Account Name : NASH AXMAN WATKIN, PLC

Account Number : I20110000072 Phone : (305)448-2850 Fax Number : (305)448-2851

\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\*

Email Address: mba a naw-tak aw. com

KE CEIVED

12 MAY 21 PM W 46

SECRETARY OF STATE
LLAHASSEE, FLORIA.

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN LIVT LLC

Certificate of Status	1
Certified Copy	0
Page Count	02
Estimated Charge	\$30.00

Electronic Filing Menu

Corporate Filing Menu

Help

MAY 2 2 2012

T. HAMPTON

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

FILED
SECRETARY OF STATE
BIVISION OF CORPORATIONS
(H120001360223)
12 MAY 21 AM 7: 1, 1

Livt LI	LC			
(Name of the Limited Liability Company (A Florida Limited Lia	y as it now appears ability Company)	on our records.)		
The Articles of Organization for this Limited Liability Company v	vere filed on	May 2, 2012	_ and assigned	
Florida document numberL12000059761				
This amendment is submitted to amend the following:				
A. If amending name, enter the new name of the limited liabil	ity company here	:		
Project T,				
The new name must be distinguishable and end with the words "Limite "L.L.C."	d Liability Compan	y," the designation "LLC	" or the abbreviation	
Enter new principal offices address, if applicable:				
(Principal office address MUST BE A STREET ADDRESS)				
		,		
Enter new mailing address, if applicable:			<del></del>	
(Mailing address MAY BE A POST OFFICE BOX)		<u> </u>		
	<del></del>	·		
B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here:				
Name of New Registered Agent:			<del></del>	
New Registered Office Address:				
Enter Florida street address				
	City	, Florida	Zip Code	
New Registered Agent's Signature, if changing Registered Agent:	City	•	zip Code	
I hereby accept the appointment as registered agent and agree the provisions of all statutes relative to the proper and comple accept the obligations of my position as registered agent as pr being filed to merely reflect a change in the registered office a company has been notified in writing of this change.	te performance o ovided for in Cha	f my duties, and I am apter 608, F.S. Or, if i	familiar with and his document is	

If Changing Registered Agent, Signature of New Registered Agent

MGR = Manager

(H120001360223)

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:

MGRM = 1	Managing Member		
Title	Name	Address	Type of Action
	·		Add Remove
			Add Remove
			Add Remove
			Add Remove
	·····		Add Remove
			Add Remove
D. If amen	iding any other information, enter chang	e(s) here: (Attach additional sheets, if necessary.)	
			SECRETARY OF SECRETARY OF SECRETARY OF CORPORTS OF COR
Dated	Land/	112 ·	OF STATE OF AM 7: 1.
	/ /	or authorized representative of a member	
	/ Typed	or printed name of signee	

Page 2 of 2

Filing Fee: \$25.00