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(Re	questor's Name)				
(Ad	dress)				
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(City/State/Zip/Phone #)					
PICK-UP	WAIT	MAIL			
(Bu	siness Entity Nar	ne)			
(Do	cument Number)	· · · · · · · · · · · · · · · · · · ·			
Certified Copies	_ Certificates	s of Status			
Special Instructions to Filing Officer:					
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SECRETARY OF STATE
DIVISION OF CORPORATION

Office Use Only

B. KOHR

JUL - 1/2012

EXAMINER

B. KOHR
JUL - 6 2012

EXAMINER

COVER LETTER

	ration Section on of Corporations
SUBJECT: _	031203,llc Name of Limited Liability Company
The enclosed A	
Please return all	correspondence concerning this matter to the following: Gary A Holtzman Name of Person 03-03-12, llc Firm/Company
	Gary A Holtzman
	Name of Person
	03-03-12,llc
	Pirm/Company O
	3301 Bayshore Blvd #2410 Address
	Tampa, Fl 33629 City/State and Zip Code
	gholt10861@aol.com E-mail address: (to be used for future annual report notification)
For further info	mation concerning this matter, please call:
	Gary Holtzman at (813.) 805-2027 Name of Person Area Code & Daytime Telephone Number
Enclosed is a ch	eck for the following amount:
\$25.00 Filin	g Fee \$\int_\$30.00 Filing Fee & \$\int_\$\$55.00 Filing Fee & \$\int_\$\$60.00 Filing Fee, Certificate of Status Certified Copy Certificate of Status & Certified Copy (additional copy is enclosed) (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

	031203.llc	Sa Car
(Name of the Limited Lis (A Flo	bility Company as it now appearlda Limited Liability Company)	rs on our records.)
The Articles of Organization for this Limited Liabil	lity Company were filed on	May 30, 2012 and assigned
Florida document numberL1200007240		~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~
This amendment is submitted to amend the following	ng:	·
A. If amending name, enter the new name of the	e limited liability company he	re:
	03-12-03,llc	
The new name must be distinguishable and end with the "L.L.C."		any," the designation "LLC" or the abbreviation
Enter new principal offices address, if applicable	e:	
(Principal office address MUST BE A STREET A	(DDRESS)	
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BO	<u></u>	
Manual address MAT DE A POST OFFICE BO	<u></u>	
B. If amending the registered agent and/or registered agent and/or the new registered office		our records, enter the name of the new
Testimen architation in new restaura vince	AUGUST IIV	
Name of New Registered Agent:		
New Registered Office Address:		
	E	nter Florida street address
_		, Florida
·	City	Zip Code
New Poristered Agent's Signature if changing Regi	stored Apents	

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:

<u> Title</u>	Name	Address	Type of Action
			Add Remove
			Add Remove
 .	<u> </u>		Add Renove
			Add Remove
<u></u>			Add
			Add Remove
D. If amend	ding any other information, enter char	nge(s) here: (Attach additional sheets, if necessary	.)
			<u> </u>
Dated	Signature of a ment	of authorized representative of a member	

Filing Fee: \$25.00