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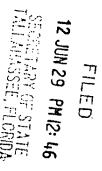
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C. LEWIS

JUL -3 2012

EXAMINER

ECT:	Name of Limited	TEFFERSON 4 UL	
nclosed Articles of A	mendment and fee(s) are submi	itted for filing.	
return all correspon	dence concerning this matter to	the following:	
	±0000	non our works	
	TEDER	Name of Person	
		Firm/Company	
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Name of	f Person	at () Area Code & Daytime Telephone Number	
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25.00 Filing Fee	\$30.00 Filing Fee & Certificate of Status	S55.00 Filing Fee & S60.00 Filing Fee, Certificate of Status & Certificate of Status &	
		(additional copy is enclosed) Certified Copy (additional copy is enclose	d)
MARI	ING ADDRESS:	STREET/COURIER ADDRESS:	
Registr	ration Section on of Corporations	Registration Section Division of Corporations	
P.O. Bo	ox 6327 assee, FL 32314	Clifton Building 2661 Executive Center Circle	
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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

Title Name **Address Type of Action** CHICLO, GIOVANNI ☐ Add Remove MEMPR WRONEUA, ROSARIO **X** Add Remove Remove  $\prod$ 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 FeDer D QUVIE Typed or printed name of signee

Page 2 of 2

Filing Fee: \$25.00