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(Re	equestor's Name)	
(Ad	ldress)	
(Ac	idress)	
(Ci	ty/State/Zip/Phone #	)
PICK-UP	☐ WAIT	MAIL
(Bu	usiness Entity Name	)
(Do	ocument Number)	,
Certified Copies	_ Certificates o	f Status
Special Instructions to	Filing Officer:	
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## COVER LETTER ...

SUBJECT:	lay-er Name of Limite	can spart, L	<u>LC</u>
The enclosed Articles of A	Amendment and fee(s) are sub	nitted for filing.	
Please return all correspon	ndence concerning this matter t	to the following:	
	W.C.	Keith Name of Person	
	O.C.Ke	ith & assoc.	Inc.
	1722 5	Staysail Ar	
	Valore	OFL 3359 Cits/State and Zip Code	<i>Y</i>
	CUK CUCK	E 1 + L 90 C g M b be used for future annual report notification	ail.com
For further information co	oncerning this matter, please ca	all:	
Name of	Ferson Person	at ( <u>8/3</u> ) <u>653-74</u> Area Code & Daytime Te	elephone Number
Enclosed is a check for th	e following amount:		
□ \$25.00 Filing Fee	\$30.00 Filing Fee & Certificate of Status	□\$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	□\$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)

MAILING ADDRESS:

**v.**i

Division of Corporations

TO: Registration Section

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

MoyerT	rausport, Ll	
(Name of the Limited Liab) (A Florida	llity Company as it now appears on o da Limited Liability Company)	our records.)
The Articles of Organization for this Limited Liability Florida document number \(\begin{align*} \begin{align*}		3/30/2 and assigned
This amendment is submitted to amend the following	Ç	
A. If amending name, enter the new name of the Toung of the Toung of the The new name must be distinguishable and end with the "L.L.C."  Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET AD	ot Toon sportations words "Limited Liability Company," t	he designation "LLC" or the abbreviation
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		
B. If amending the registered agent and/or re registered agent and/or the new registered office a		ecords, enter the name of the new
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Fi	lorida street address
<u></u> -	City	, Florida 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 amending the Managers or Managing Members on our records, <u>enter the title, name, and address of each Manager or Managing Member being added or removed from our records</u>:

MGR = Ma MGRM = 1	nnager Managing Member	g Member	
<u>Title</u>	<u>Name</u>	Address	Type of Action
			Add
•			Remove
			Add Remove
	·····		Add
			Add Remove
			Add

	nending any other information, enter change(s) here: (Attach additional sheets, if necessary.)
ed	January 15, 2013.
	M. Leith
	Signature of a member or authorized representative of a member
	(D). C. Keith
	Typed or printed name of signee

Page 3 of 3

Filing Fee: \$25.00