# 12000127001

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## **COVER LETTER**

TO:	Registration Secti Division of Corpo			3		Φþ
SUBJE	ct: <u>Slè</u>	Peo Near Name of Lim	The Mau	se, 1	460	
The enc	losed Articles of Ar	nendment and fee(s) are su	bmitted for filing.			
Please r	eturn all correspond	ence concerning this matte	r to the following:			
		Judy	Name of Person			
			Firm/Company			
		13419	Lares Address	Blud		
		Winter &	City/State and Zip Code	FL_	347	87
		Sholson E-mail address:	erunes No be used for future annual rep	xort notification)	net	
For furt	her information con	cerning this matter, please	call:			
	udy C	) (SO )	at ( <u>407</u> Area Code &	73- 2 Daytime Telepho	507 one Number	7
Enclose	d is a check for the	following amount:				
\$25.	00 Filing Fee [	\$30.00 Filing Fee & Certificate of Status	S55.00 Filing Fee & Certified Copy (additional copy is c		\$60.00 Filing Certificate of Certified Co (additional of	of Status &

### **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

Liability Company as it now appears on our (A Florida Limited Liability Company) The Articles of Organization for this Limited Liability Company were filed on 10 - 10 - 10 and assigned Florida document number <u>L 12000127001</u> 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 "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C." Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS) Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) 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: New Registered Office Address: Enter Florida street address

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.

City

Florida \_\_\_

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

<u>Title</u>	<u>Name</u>	Address	Type of Action
harm	Judy Olson	13419 Lake Blu WINTER CAPDEN FL 34787	Add
ngem	Haelan Olson	1349 Lake Blu Winter Garden. FL 34787	Add Remove
			Add Remove
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D. If ame	nding any other information, enter chan	ge(s) here: (Attach additional sheets, į	f necessary.)
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Dated	10-16-12, Sudin	Mas	
	Ju Ku C	ed or printed name of signee	er
	. )	Page 2 of 2	

Page 2 of 2

Filing Fee: \$25.00