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(Re	equestor's Name)	
(Ad	ldress)	
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(Cit	ty/State/Zip/Phone	» #)
PICK-UP	WAIT	MAIL
(Bu	siness Entity Nan	ne)
(Do	ocument Number)	
Certified Copies	_ Certificates	of Status
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J. Shivers JAN 24 2013

COVER LETTER

Division of Cor	porations	·	
SUBJECT: So	nativee TLIC		
SUBJECT:	Name of Lim	ited Liability Company	
			š .,
The enclosed Articles of	Amendment and fee(s) are sub-	mitted for filing.	
Please return all correspo	ondence concerning this matter	to the following:	
	Edwar	d L. loney	Christina Makheli
	Spring	Firm/Company	
J. 50	-P. Bo	C 440280 Address	
	Jackson	ille TL 32222 City/State and Zip Code	2
	E-mail address: (vello @me.com to be used for future annual report noti	fication)
For further information of	concerning this matter, please ca	\.\·	: 1
Chrishr Name o	ria Calduell of Person	at (704) 953 Area Code Daytim	3.3169 ne Telephone Number
Enclosed is a check for t	he 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)

TO:

Registration Section

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

Name of the Limited Liability Compan (A Florida Limited Li The Articles of Organization for this Limited Liability Company v		•	·	and as	signed
Florida document number <u>L 2000 157-833</u> .		, 1			
This amendment is submitted to amend the following:					
A. If amending name, enter the new name of the limited liabil	ity company here:				
The new name must be distinguishable and end with the words "Limited Liabil	ity Company," the desig	nation "LLC" or	the abbre	viation "	L.L.C."
Enter new principal offices address, if applicable:				1.	
(Principal office address MUST BE A STREET ADDRESS)			7 - 11 1311	F. 164 * 21 * 44 * 44	
				1	
			73		
Enter new mailing address, if applicable:				-17	
(Mailing address MAY BE A POST OFFICE BOX)			in in the second	e') CO	
					
B. If amending the registered agent and/or registered off registered agent and/or the new registered office address here		r records, <u>en</u>	iter the	name	of the nev
Name of New Registered Agent:					
New Registered Office Address:	Enter Florida s	treet address		<u>-</u>	
 	Citv	, Florid		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 605, 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 Authorized Member on our records, enter the title, name, and address of each Manager or Authorized Member being added or removed from our records:

MGR ≡ Manager

AMBR = A	Authorized Member	* ′	
<u>Title</u>	<u>Name</u>	Address	Type of Action
Mae	MSSE LLC	P.O. Box 440280	X Add
		P.O. Box 440280 Jacksonville Ft 32222	□ Remove
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Page 3 of 3

Filing Fee: \$25.00