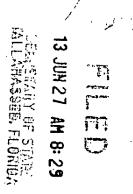
## 1300004742

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JIM 2 8 2013 O. BUTLER

TO: Registration S Division of Co					
SUBJECT: LEX	HERNECH TERBUTI	nouc	<b>7</b> 2		
Sobsect:		ed Liability Company			
The enclosed Articles of	of Amendment and fee(s) are sub	mitted for filing.	GO CO		
Please return all corresp	condence concerning this matter	to the following:	AN 8: 29		
	Pedro R.	Ferran	**		
		Name of Person	· · · · · · · · · · · · · · · · · · ·		
		Firm/Company	<del></del>		
	242 50044	Washington Blvo Address	d ste 379		
	Sarasota ,F	City/State and Zip Code			
		City/State and Zip Code			
	misquided children E-mail address: (1	DPLEADN. COM  o be used for future annual report notificati	on)		
For further information	concerning this matter, please concerning the con	all:			
		at ()			
Name	of Person	Area Code & Daytime Te	lephone Number		
Enclosed is a check for	the 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)		
Regis Divis P.O.	LING ADDRESS: stration Section ion of Corporations Box 6327	STREET/COURIER Registration Section Division of Corporation Clifton Building	ons		
Talla	hassee, FL 32314	2661 Executive Center	r Circle		

Tallahassee, FL 32301

TO:

## TO ARTICLES OF ORGANIZATION OF

(Name of the Limited Liability Company as it now appears on our records.)

(A Florida Limited Liability Company)

(A Frontia Ellintea	Elability Company)	
The Articles of Organization for this Limited Liability Company	y were filed on	and assigned _
Florida document number <u>L13000004742</u> .		3 JUN 2
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited lial	bility company here:	S≅ <b>%</b> □
		<u> </u>
The new name must be distinguishable and end with the words "Lim"L.L.C."	nited Liability Company," the desig	nation "LLC" or the abbreviation
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 of registered agent and/or the new registered office address he		, enter the name of the nev
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida s	treet address
	. Fle	orida
	City	orida Zip Code
New Registered Agent's Signature, if changing Registered Agent		·
I hereby accept the appointment as registered agent and ag	ree to act in this capacity. I fu	rther agree to comply with

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

## or Managing Member being added or removed from our records:

MGR = ManagerMGRM = Managing Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
MGRM	PEDITO A. FERRAN	1913 Ingram Are	Add
		Serasob, FL 34232	Remove
MGR	Pedro R. Ferran	1913 Ingram Ave	Add
		Sarssop, FL 34235	Remove
<u>HGRM</u>	JENNIFER Zvitco	1913 Ingram Ave	Add
		SOFOSOB, FL 34232	Remove
			13 Jan Adu Remove 8: 29
·	<del> </del>	<del>.</del>	Add
			Remove
			Add
			Remove

mending any o	other information, enter change(s) here: (Attach additional sheets, if necessary.)
	, <del></del>
	Signature of a member d'authorized representative of a member
-	Typed or printed name of signee
	Dogo 2 of 2

Page 3 of 3

Filing Fee: \$25.00

13 JUN 27 AM 8: 29