Division of Corporation

2012 O2 of Sulp Pyr

Page 1 of 1

Florida Department of State

Division of Corporations Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H130001494523)))



H130001494523ABC\$

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page of Doing so will generate another cover sheet.

To:

Division of Corporations

Fax Number : (850) 617-6383

From:

Account Name : LEGALZOOM.COM INC.

Account Number : I20010000062 Phone : (323)962-8600

Fax Number : (323) 962-3889

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email Address:_____

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN DATE SCREEN CERTIFIED, LLC

RECEIVED

3 JUL -2 PM 28: 28

ECRETARY OF STATE
LAHASSEE, FLORIDA

Certificate of Status	0
Certified Copy	1
Page Count	05
Estimated Charge	\$55.00

Electronic Filing Menu

Corporate Filing Menu

Help

K.SALY EXAMINER JUL - 3 2013

FAX COVER SHEET

ТО		
COMPANY		
FAX NUMBER	18506176383	
FROM	Tony Burroughs	
DATE	2013-07-02 08:36:04 PDT	
RE	FL SOS - LZ Order 507040811	

COVER MESSAGE

This email and any attachments to it may be confidential. If this email was sent to you in error, please notify me immediately by reply email, and please do not use, distribute, retain, print, or copy the email or any of its attachments. LegalZoom is not a law firm and can only provide self-help services at your specific direction. LegalZoom.com, Inc. is a registered and bonded legal document assistant, #0104 Los Angeles County (exp. 12/13), and is located at 101 N. Brand Blvd., 11th Floor, Glendale, CA 91203.

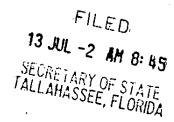
COVER LETTER

TO: Registration Se Division of Cor			
SUBJECT: DATE S	CREEN CERTIFIED, L	LC	
		ited Liability Company)	
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please return all correspo	ndence concerning this matter	to the following:	
	les alde Manager		
	Imelda Vasquez	(Name of Person)	
		(
	Legalzoom.com, Inc.		
		(Firm/Company)	
	100 W. Broadway St	uite 100	
		(Address)	
	Glendale, CA 91210		
		(City/State and Zip Code)	
For further information c	oncerning this matter, please c	ali:	
Imelda Vasquez		at (323) 962-8600 ex	t 7950
(Name o	of Person)	(Area Code & Daytime	Telephone Number)
malade baken	.	•	
Enclosed is a check for the	ne 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: 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**



DATE SCREEN CERTIFIED, (Name of the Limited Li	LLC ability Company as it now appears of prida Limited Liability Company)	n our records.)
The Articles of Organization for this Limited Liabi Florida document number <u>L13000006531</u>	ility Company were filed on 01/14	4/2013 and assigned
This amendment is submitted to amend the following	ing:	
A. If amending name, enter the new name of th	e limited liability company here:	
The new name must be distinguishable and end with the "L.L.C." B. If amending the registered agent and/or registered agent and/or the new registered office.	registered office address on our	
Name of New Registered Agent: New Registered Office Address:	(Enter	r Florida street address)
-	(City)	, Florida(Zip Code)
New Registered Agent's Signature if changing Reg	ictered 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 Changing Registered Agent, Signature of New Registered Agent)

* () *

MGR = Ma MGRM = N	nnager Managing Member		
<u>Title</u>	<u>Name</u>	Address	Type of Action
MGRM_	MICHAEL PEART	8895 N. MILITARY TRAIL SUITE 104E PALM BEACH GARDENS, FL 33	Add Remove
 .			Add Remove
			Add Remove
			Add Remove
·			Add Remove
). If amen	ding any other information, enter c	hange(s) here: (Attach additional sheets, if neces	isary.)
_			
 Dated	07/02	2013	
 Dated	07/02	2013 Walls	

Filing Fee: \$25.00