#L 1300039876

| (Pa | equestor's Name) | |
|-------------------------|--------------------|-----------|
| (Re | equestors Name) | |
| (Ad | ldress) | |
| | | |
| (Ad | ldress) | |
| (Cit | ty/State/Zip/Phone | : #) |
| • | | • |
| PICK-UP | WAIT | MAIL |
| | | |
| (Bu | isiness Entity Nam | ne) |
| | | |
| (Do | ocument Number) | |
| | | |
| Certified Copies | _ Certificates | of Status |
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| Special Instructions to | Filing Officer: | |
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Office Use Only



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13 OCT -7 PM 2: 49

K.SALY EXAMINER OCT -8 2013

COVER LETTER

| TO: | Registration Section Division of Corpo | | • | |
|-------------------|--|---|--|--|
| SUBJI | ест:Т | eSovo Partner | S LUC ed Liability Company | |
| The en | closed Anicles of An | nendment and fee(s) are sub- | mitted for filing. | |
| Please | return all correspond | ence concerning this matter | to the following: | |
| | | | | |
| | | | Name of Person | |
| | | Celebration | Law, PA. | |
| | • | • | Firm/Company | |
| | | 607 Celebr | ration Ave. | |
| | | coldovation | | |
| | | Jeffe Cyelor E-mail address: (to | be used for future annual report notificati | on) |
| For fu | ther information con | cerning this matter, please ca | | |
| <u></u> <u>Je</u> | ffrey Ippe Name of P | erson | at (<u>467) 566-000</u> Area Code & Daytime Te | lephone Number |
| Enclos | ed is a check for the | following amount: | | |
| ≸ \$2: | 5.00 Filing Fee | □\$30.00 Filing Fee & Certificate of Status | Q\$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

FILED

13 DET -7 PM 2: 49

ALLAMASSEE, FLORIDA

| lesovo ta | umers, | | | · Such F |
|--|-------------------------------------|--|------------------------------------|-----------------------|
| (Name of the Limited L (A F | iability Compar lorida Limited L | y as it now appears iability Company) | on our records.) | |
| The Articles of Organization for this Limited Liab | | were filed on3 | 3/15/2013 | and assigned |
| This amendment is submitted to amend the follow | ving: | | | |
| A. If amending name, <u>enter the new name of t</u> | he limited liabi | lity company here | 5 | |
| The new name must be distinguishable and end with "L.L.C." | the words "Limit | ed Liability Compan | y," the designation "LL | C" or the abbreviatio |
| Enter new principal offices address, if applicat (Principal office address MUST BE A STREET | | Celebrati | eloration Av on, FL 347 | 47 |
| Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE B | <u>ox)</u> | _ _ _ | tebration + | |
| B. If amending the registered agent and/or registered agent and/or the new registered offi | registered of ce address here | fice address on o | ar records, enter the | name of the new |
| Name of New Registered Agent: | Celelor | ation La | W, P.A. | |
| New Registered Office Address: | 1007 (| <u>elebratio</u> | v KVC. er Florida street addres | SS |
| | Celebor | City | , Florida <u>3</u> | Ц7Ц7 Zip Code |
| New Registered Agent's Signature, if changing Re | gistered 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 of thereby confirm that the limited liability company has been notified in writing of this change.

If Changing Registered Agent, Signature of New Registered Agent

Page 1 of 3

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 **Address** Type of Action <u>Title</u> <u>Name</u> JEGG JOPOLISI Celebration Law, PA. Add MGR 607 Celebration the 1

| | | Celebration, Fr 34747 | _ |
|-------------|-----------|-----------------------|--------|
| NGR | BretJones | 700 Almond Street | Add |
| | | Clermont, FL 34711 | Remove |
| | | | _ |
| | | | Add |
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| D. If am | ending any other information, enter change(s) here: (Attach additional sheets; if necessary.) |
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| | |
| | |
| Dated _ | 9-17, 2013. |
| | AM |
| | Signature of a member or authorized representative of a member |
| | JEFFREY M. ITPROLITI |
| | Typed or printed name of signee |
| | Page 3 of 3 |

Filing Fee: \$25.00