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(Re	equestor's Name)	·
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SECREBARY OF STATE
FALL AHASSEE FLORIDA

B. BOSTICK
JUL **1 2** 2013

EXAMINER

COVER LETTER

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TO: Registration S	ection		F	
Division of Co			111	
	- 0 /			
SUBJECT:	K, Lee	- Irans nort	26	
	Name of Limit	ed Liability Company		
The enclosed Articles of	'Amendment and fee(s) are sub	mitted for filing.		
Please return all correspond	ondence concerning this matter	to the following:		
·	,	A 1 1		
	\mathcal{N}		•	
		ark Lee		
		Name of Person		
	 	Firm/Company		
		- Into Company	11 2111	
	70/17	East St K	1 44	
		Address	<u> </u>	
			/	
	E1151	43 Pl 327	36	
		City/State and Zip Code	I For	Ze13
	(Seorge of	DBryant (werall	LOM TE	س د سی
	E-mail address: (t	o be used for future annual report notification	on)	F
For further information	concerning this matter, please ca	all:	<u>ن</u> چ را	- :
11	j		75	
Mark	Lee	at (352) 408-	3474 III	AH II: 03
Name o	of Person	Area Code & Daytime Te	elephone Number 😸	=======================================
			En En	ည
Enclosed is a check for t	he following amount:			
\$25.00 Filing Fee	□\$30.00 Filing Fee &	□\$55.00 Filing Fee &	□\$60.00 Filing Fee,	٥
	Certificate of Status	Certified Copy (additional copy is enclosed)	Certificate of Status Certified Copy	s &
		(additional copy is enclosed)	(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

(A Florida Limited Liability Company) The Articles of Organization for this Limited Liability Company were filed on Florida document number 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 "LLG" 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 City

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.

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	
			Add	
			Remove	
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If am	ending any other information, enter change(s) here: (Attach additional sheets, if necessary.)
ed	7-9 , 2013 .
	Signature of a member or authorized representative of a member
	Mark F Lee T Typed or printed name of signee
	•
	Page 3 of 3

Filing Fee: \$25.00

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