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(R)	equestor's Name)
(A	ddress)
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(C	ity/State/Zip/Phone #)
(B	usiness Entity Name)
(D	ocument Number)
Certified Copies	Certificates of Status
Special Instructions to	o Filing Officer:
	Office Use Only



08/05/13--01035--007 **50.00

2013 AUG -5 PM 3: 45 SECRETARY OF STATE FILED

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AUG - 6 2013 J. BRYAN

COVER LETTER

TO: Registration Section Division of Corporations

 \mathbf{O} SUBJECT: Name of Limited Liability Company

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Name of Person

Firm/Company

PKWY ro Address

33966 DOI Com ification)

For further information concerning this matter, please call:

at (<u>J39</u>, <u>J7)-/30/</u> Area Code & Daytime Telephone Number Son reks

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)

FILED FILED 3: 45

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

ARTI	CLES OF A	AMENDMENT	
	ТС	_	
ARTIC	CLES OF O	RGANIZATION	
	0	F	
		ny as it now appears on o iability Company)	
The Articles of Organization for this Limited Lia	bility Company	were filed on $4/$	30/3 and assigned
Florida document number $L1300$	<u>00</u> 63	288	
This amendment is submitted to amend the follow A. If amending name, <u>enter the new name of the second second</u>	-	ility company here:	
	·		intege in
The new name must be distinguishable and end with "L.L.C."	the words "Limi	ted Liability Company," t	he designation "LEC" or the abbreviation
Enter new principal offices address, if applica	ble:	NIA	
(Principal office address MUST BE A STREET	ADDRESS)		
Enter new mailing address, if applicable:		NA	
(Mailing address MAY BE A POST OFFICE B	0X)	£	
Induing dualess mar ben robr or reeb			
B. If amending the registered agent and/or registered agent and/or the new registered off	•		ecords, <u>enter the name of the new</u>
Name of New Registered Agent:	NA		
New Registered Office Address:			
		Enter Fl	orida street address
			, Florida
		City	Zip Code
New Registered Agent's Signature, if changing Re	egistered Agent:		

4

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

If amending the Managers or Managing Members on our records, <u>enter the title, name, and address of each Manager</u> or Managing Member being added or removed from our records:

MGR = Manager MGRM = Managing Member

I

<u>Title</u>	<u>Name</u>	Address	<u>Type of Action</u>
MGR	James F. Smith	12931 metro PKwy #2	_ Change
		12931 Metro PKwy #2 Fort Myers, F1 33966	Remove
			_
			Add
		SEC.	Remove
			FILED Add Control of the second
			_ Add
		<u></u>	Remove
			- Add
			Remove
			_
			Add
			Remove

· · ·	
	7/24/13 7///
	Signature of a member or authorized representative of a member

Page 3 of 3

Filing Fee: \$25.00

