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JUN - 7 2013 T. HAMPTON

## **COVER LETTER**

TO: , Registration Secti Division of Corpo		,	
SUBJECT:	St Fam W Name of Lineal	HOLDINGS, LLC	· · · · · · · · · · · · · · · · · · ·
The enclosed Articles of Ar	nendment and fee(s) are sub-	mitted for filing.	
Please return all correspond	ence concerning this matter	to the following:	
	Di-6G	Name of Person	
		Firm/Company	
	2801 1	x 208 <sup>th</sup> 4001.	#200
	Aventus	La, £ 33180. City/State and Zip Code	
	dieco E-mail addresi: (to	beside & Jahoo .  be used for future annual report notificati	COM .
For further information con	cerning this matter, please ca	all:	
Dego b	erson erson	at (35) 454 - C	915 elephone 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)

### 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

THEST FAMI	my toldings,	LC	
( <u>Name of the Limited Liabili</u> (A Florida	ty Company as it now appears of a Limited Liability Company)	n our records.)	
The Articles of Organization for this Limited Liability	اسر	21/13.	and assigned
Florida document number <u>L13 0000739</u> §	39	And the state of t	
This amendment is submitted to amend the following:  A. If amending name, enter the new name of the lin	mited liability company here:		SECRETARY DIVISION OF COT
			<b>3</b> 8890
The new name must be distinguishable and end with the w "L.L.C."	ords "Limited Liability Company,	" the designation "LLC	" or the abbreviation
Enter new principal offices address, if applicable:			
(Principal office address MUST BE A STREET ADL	ORESS)		
Enter new mailing address, if applicable:			
(Mailing address MAY BE A POST OFFICE BOX)			
<u> </u>			
	<del></del>	· · · · · · · · · · · · · · · · · · ·	
B. If amending the registered agent and/or registered agent and/or the new registered office ad		records, enter the	name of the nev
Name of New Registered Agent:			
New Registered Office Address:			
	Enter	Florida street addres.	2
		, Florida	_
	City		Zip Code

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 Changing Registered Agent, Signature of New Registered Agent

is 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 **Type of Action Address** Title 1 <u>Name</u> Remove

Remove

D, If ar	nending any other information, enter change(s) here: (Attach additional sheets, if necessary.)
ı	only changing the titue of
	Maria besga.
Dated _	JUNG 4 , 2013.
	Signature of a member or authorized representative of a member
	Typed or printed name of signee

Page 3 of 3

Filing Fee: \$25.00

SECRETARY OF STATIONS
DIVISION OF CORPORATIONS