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SECRETARY OF STATE TALLAHASSEE, FLORIDA

FILED

## **COVER LETTER**

TO: Registration Sec Division of Corp	orations	0	
SUBJECT: Mil		SIN Records, ed Liability Company	, L.L.C.
The enclosed Articles of A	mendment and fee(s) are sub-	mitted for filing.	
Please return all correspon	dence concerning this matter	to the following:	
	John Fre	edericks	·
		Name of Person	
		Firm/Company	
	4444 S.	Rio GRANDE/	Tre#714C
		Address	
	ORland	10, FL, 3283	39
	AJESSJO	City/State and Zip Code  City/State and Zip Code  Of Grahoo. Corr  Of be used for future annual report notification	n
	E-mail address: (to	o be used for future annual report notificati	ion)
For further information con	ncerning this matter, please ca	all:	
John FR		at 407, 259-8	
Name of I	Person	Area Code & Daytime Te	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

Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company) Florida document number <u>∠13</u>0000 81982 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 "LLC" 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 Changing Registered Agent, Signature of New Registered Agent

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 Title MGR DANIEL ESPENCER 5848 W. Olympic Blud, Add

Los Angeles, CA Remove

90036 MGRM John Fredericks 44445. Riogrande Ave Apt 714°C Remove Oxlando, 71. 32839 Remove Remove Remove

). If	amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)
ated	<u> 7/23//3</u>
	Signature of a member or authorized representative of a member  John REAERICKS, JR  Typed or printed name of signee
	Typed or printed name of signee

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Filing Fee: \$25.00