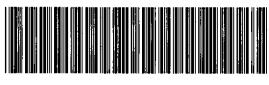
# (Requestor's Name) (Address) (Address) (City/State/Zip/Phone #) PICK-UP ] WAIT MAIL (Business Entity Name) (Document Number) Certificates of Status\_ Certified Copies \_\_\_\_\_ Special Instructions to Filing Officer:

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J. SAULSBERRY EXAMINER OCT 25 2013

### **COVER LETTER**

TO: Registration Section Division of Corporations			
SUBJECT:			
The enclosed Articles of Amendment and fee(s) are submitted for filing.			
Please return all correspondence concerning this matter to the following:			
Pamela M. Florian			
M36 Holdingo LLC Firm/Company			
180 M. Westmonte Drive, Suite	2-4	}	
Attamente Springo. Florida 32 City/State and Zip Code	าเร		
Pumels & Security Financial. Com  E-mail address: (to be used for future annual report notification)	ų.	~`	
For further information concerning this matter, please call:		2013 OCT 24	
Pameli M. Inian at 407.661.9200		124	• •
Name of Person Area Code & Daytime Telephone Number			
Enclosed is a check for the following amount:	The second	œ	
□\$25.00 Filing Fee □\$30.00 Filing Fee & □\$55.00 Filing Fee & □\$60.00 Fi	of Status Copy		i)

#### 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

O1	
mag Indines 1	11
(Name of the Limited Liability Company as	s it now appears on our records.)
(A Florida Limited Liabil	ity Company)
The Articles of Organization for this Limited Liability Company wer	e filed on 6.21-13 and assigned
Florida document number L - 13 0000 900.70	
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 I "L.L.C."	iability Company," the designation "LLC" or the abbreviation
Enter new principal offices address, if applicable:	80 N. Westmonte Drive
(Principal office address MUST BE A STREET ADDRESS)	180 N. Westmonte Drive Suite 2-A Altamonte Sprinop. Fl 32714
ك	Altamonte Springo. Fi 32714
Enter new mailing address, if applicable:	
(Mailing address MAY BE A POST OFFICE BOX)	
_	
B. If amending the registered agent and/or registered office registered agent and/or the new registered office address here:	address on our records, enter the name of the ne
-1	Blanchard
New Registered Office Address: 2207 Y	lount vernon street
	Enter Florida street address
orlando	ty Florida 32803
	ty Zip Code
New Registered Agent's Signature, if changing Registered Agent:	
I barehy accent the appointment as registered agent and agree to	a get in this congrity. I fouther grown to comply with

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 kereby confirm that the limited liability company has been notified in writing of this change.

I 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 Mitnaging Member being added or removed from our records:

MGR = Manager MGRM = Managing Member Title <u>Name</u> **Type of Action Address** Patrick J. Thompson marm 180 N. Westmonte Drive Guillermo Baccera 180 N. Westmonte Dive MGR Marlene Hart 180 N. Westmonte Drive 180 North Westmonte Drive (V Add ?) Walter O. Bennett suite 2-E Remove Bill Mabey Altamonte Springo Fr [ 32714

D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)
· Please add Suite 2.A tu our
Main principal address and mailing address
Dated Friday October 18. 2013
Pamela M. Hr: an
Signature of a member or authorized representative of a member  Pawels M. Horian  Typed or printed name of signee
Page 3 of 3
Filing Fee: \$25.00

2013 OCT 24 AM 9: 18