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'AUG 3 0 2013

D. BRUCE

COVER LETTER

TO:	Registration Section Division of Corpor		÷			·
SUBJE	ECT:	The Long Name of Limit	brack Rach form ed Liability Company	land , LL	C	
The en	closed Articles of Am	nendment and fee(s) are sub-	nitted for filing.			
Please	return all corresponde	ence concerning this matter	to the following:			
			Robert Glin			
		The long B	ruch luch firm la Firm/Company	d, ccc		
		141 HD	Bury Lone			
		St. :	Sch., fL 3225' City/State and Zip Code	7	2013 AUG	7
	-	+i\ E-mail address: (to	Calác DAOL. Camob be used for future annual report notificat	1 ion)	AUG 29 PI	m
For fur	ther information conc	erning this matter, please ca	ıll:		PH I2: 00 OF STATE E FLORIDA	N. M. T.
	Robert G	in 7	at (404) 624 - Area Code & Daytime To	7686 ···	 	
Enclos	ed is a check for the f	ollowing amount:				
\$25	5.00 Filing Fee	□\$30.00 Filing Fee & Certificate of Status	□\$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	Certified C	of Status &	osed)

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	Secil R	ears on our i	ecords.)		
(A Florida Limited Lia	ability Company	y)			
The Articles of Organization for this Limited Liability Company v	were filed on _	7/15/1	ን	and as	ssigned
Florida document number L13000099987		·			
This amendment is submitted to amend the following:					
A. If amending name, enter the new name of the limited liabil	lity company l	<u>iere</u> :			
the Lan	a Branch	Runch	form L	nd, Ll	c
The new name must be distinguishable and end with the words "Limite" L.L.C."	ed Liability Con	npany," the de	esignation "LL	C" or the	abbreviation
Enter new principal offices address, if applicable:	<u> </u>				
(Principal office address MUST BE A STREET ADDRESS)			20	22	
			⊏ (; > 2	A A	71
			ASA	· ~	
Enter new mailing address, if applicable:				<u> </u>	F-9-3-
(Mailing address MAY BE A POST OFFICE BOX)				- 	fine t
			URIO DRIO	0	· Name of the last
B. If amending the registered agent and/or registered offi registered agent and/or the new registered office address here		n our recoi	ds, enter th	e name	of the new
	0.1		cM.		
Name of New Registered Agent:	Koby	t L.	cylla	-	
New Registered Office Address:	141 1	Enter Floria	Bury La la street addre	ess	
51	- John City		Florida .	3225	- <i>ĝ</i>
	City	,		Zip Cod	de
New Registered Agent's Signature, if changing Registered Agent:					

If Changing Registered Agent, Signature of New 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 Title **Type of Action Name Address** 3152 Bridlewood Long Rym Giller. MGRM Sachgrille FL 32257 PRemove MGRM Pobet Giff St. John, FL 3225-9 [Remove Add Remove Add Remove

. If ame	nding any other information, enter change(s) here: (Attach additional sheets, if necessary.)
_	
: -	
. –	
_	
ated	8/26/13 , 2013 .
	Mt If
	Signature of a member or authorized representative of a member
	Typed or printed name of signee

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Filing Fee: \$25.00

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