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(Re	equestor's Name)	
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PICK-UP	WAIT	MAIL
(Вс	usiness Entity Nan	ne)
(Do	ocument Number)	
Certified Copies	_ Certificates	of Status
Special Instructions to	Filing Officer:	

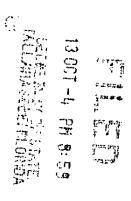
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## **COVER LETTER**

TO: Registration Sec Division of Corp				
SUBJECT: Spec	Name of Limit	n Outreach, Le ded Liability Company	LC.	
The enclosed Articles of A	Amendment and fee(s) are sub-	mitted for filing.		
Please return all correspon	ndence concerning this matter	to the following:		
	Catherine	Van Harn Name of Person		
	Specia	Missian Out	each	
	P.O.BOX	160925 Address		
	Altanont	le Springs FZ	32716	
	E-mail address: (t	City/State and Zip Code  919 @ G M	ion)	
For further information co	oncerning this matter, please ca	all:		,
Catherina 1 Name of	Van Worn	at (407) 783 - 33 Area Code & Daytime Te		i di seriesa Sitra da M
Enclosed is a check for th	e following amount:			
•		Fines on Pill B. O	Fig. 6 On Control Control	
\$25.00 Filing Fee	□\$30.00 Filing Fee & Certificate of Status	□\$55.00 Filing Fee & Certified Copy	□\$60.00 Filing Fee, Certificate of Status &	
	Continues of County	(additional copy is enclosed)	Certified Copy	
			(additional copy is enc	losed)

MAILING ADDRESS:

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 STREET/COURIER ADDRESS:

4

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Special 1	oriesin	utreach,	U.C.	
(Name of the Limited Liabil (A Florid				
The Articles of Organization for this Limited Liability Florida document number L13000 133733		September 2, ô	<b>△3</b> and ass	signed
This amendment is submitted to amend the following:	;			
A. If amending name, enter the new name of the li	mited liability company	<u>here</u> : W/A-		
The new name must be distinguishable and end with the v "L.L.C."	vords "Limited Liability Cor	npany," the designation	n "LLC" or the	abbreviation
Enter new principal offices address, if applicable:				
(Principal office address MUST BE A STREET AD	DRESS)	£**		
			7 . J	
Enter new mailing address, if applicable:				Company Compan
(Mailing address MAY BE A POST OFFICE BOX)			700 7 mm 710 % 100 2 mm	A Experie
				Carps Says
B. If amending the registered agent and/or reg registered agent and/or the new registered office a		n our records, <u>ent</u>		of the new
Name of New Registered Agent:	taN/a			······································
New Registered Office Address:	······································	Enter Florida street	address	
		, Florida		
	City	,	Zip Code	e

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

MGR = Manager MGRM = Managing Member				
<u>Title</u>	<u>Name</u>	Address	Type of Action	
Mgc	Roger Van Horn	PO BOX 160925 Altamente Springs FL 327	Add	
		Altanonte Springs FL 327	76 Remove	
Mar	Catherine Van Korn	P080x 160925	Add	
		Altanonte Springs, FL 321	716 Remove	
			Add	
		77-7-7-7-7-7-7-7-7-7-7-7-7-7-7-7-7-7-7	Remove	
		To the state of th	Add Control	
			Add Remove	
			Add Remove	

D. If a	mending any other information, enter change(s) here: (Attach additional sheets, if necessary.)
1	
Dated _	
	Catherine Neuman Van How Signature of a member or authorized representative of a member
	Catherine Newson Van Hom Typed or printed name of signee
	Page 3 of 3

Filing Fee: \$25.00