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2011 OCT 16 PM 1: 55 Secretary of State And Anasse Fromity

N. Culligan OCT 1 7 2013

COVER LETTER

TO: Registration Sec Division of Corp			
SUBJECT:	Un "ted au	to Sale Tampa ed Liability Company	Bay 110
	Nume of Emile	ed Endomity Company	
The enclosed Articles of A	Amendment and fee(s) are sub	mitted for filing.	
Please return all correspor	ndence concerning this matter	to the following:	
	Michalas	Name of Person	
	Ja	Firm/Company	
	22513 US	Wighway 19 M	<u>J</u>
	Clearware	City/State and Zin Code	
	Adouktias E-mail address: (to	City/State and Zip Code Obe used for future annual report notificat	ion)
For further information co	oncerning this matter, please ca	all:	
<u>Aicholas</u> Name of	Douk (i'uz Person	at (777) 902 C Area Code & Daytime Te	6666 elephone Number
Enclosed is a check for the	e 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

FILED 2013 OCT 16 PM 1: 55

SECRETARY OF STATE TALLAHASSEE, FLORIDA

(Name of the Limited Liability Company as it now appears on our records.) (A Florida Limited Liability Company)
(Name of the Limited Liability Company as it now appears on our records.) (A Florida Limited Liability Company)
The Articles of Organization for this Limited Liability Company were filed onand assigned
Florida document number <u>4/3 000/4//20</u>
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 abbreviatio "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:
registered agent and/or the new registered office address here,
Name of New Registered Agent:
New Registered Office Address:
Enter Florida street address
, 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

If Changing Registered Agent, Signature of New Registered Agent

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 of Managing Member being added or removed from our records:

MGR = Manager

MGRM = Managing Member				
<u>Title</u>	<u>Name</u>	Address	Type of Action	
MGR	George Douklias	150 Turtle Creck Circle Oldsmar, F1, 34677	\(\sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\pi}}}}} \) Add \(\sqrt{\sq}}}}}}}}}}} \end{\sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sq}}}}}}}}}} \end{\sqrt{\sq}}}}}}}}}} \end{\sqnt{\sqrt{\sq}\sq}}}}}} \end{\sqrt{\sqrt{\sq}\sqrt{\sqrt{\sqrt{\sqrt{\sq}}}}}}}}}} \sqrt{\sqrt{\sqrt{	
		Oldsmar, F1, 34677	Remove	
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		- Alberta D.	Remove	
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*******		,	Add	
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			Remove	

). If an	nending any other information, enter change(s) here: (Attach additional sheets, if necessary.)
•	
ated	·
	Signature of a member or authorized representative of a member Wicholas Doublias Typed or printed name of signee Page 3 of 3
	Signature of a member or authorized representative of a member
	Typed or printed name of signee
	Page 3 of 3

Filing Fee: \$25.00