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2014 FEB 27 PH 12: 27
SECRETARY OF STATE ANASSEE. FLORIDA

FEB 2 8 2013

T. HAMPTON

## **COVER LETTER** ...

TO:	Registration Sect Division of Corpo			
SUBJE	I&F	Γransleau, LL	С	
эсвое			ited Liability Company	
The end	closed Articles of A	mendment and fee(s) are sub-	mitted for filing.	
Please	return all correspond	lence concerning this matter	to the following:	
		Erik I. Easth	am, Attorney	/
	,		Name of Person	
		Eastham La	w Offices	
			Firm/Company	
		138 W. Palm	netto Park R	oad
			Address	
		Boca Raton,	FL 33432	
			City/State and Zip Code	
		emjeastham@ea		
		E-mail address; (t	o be used for future annual re	port notification)
For fur	ther information cor	cerning this matter, please ca	ul:	
Erii	n Easthai	n	<sub>at (</sub> 561 <sub>)</sub> 39	95-6800
	Name of I	erson	Area Code	Daytime Telephone Number
Fuclos	ed is a check for the	following amount:		
		<del>-</del>	T esson pulsas para	□ #<0.00 P!!; P
<b>■</b> \$25	5.00 Filing Fee	□ \$30.00 Filing Fee & Certificate of Status	□ \$55.00 Filing Fee & Certified Copy	☐ \$60.00 Filing Fee, Certificate of Status &

**MAILING ADDRESS:** 

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

## STREET/COUPLIER ADDRESS:

Certified Copy (additional copy is enclosed)

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

(additional copy is enclosed)

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

	pany as it now appears on our red I Liability Company)	cords.)
The Articles of Organization for this Limited Liability Compan Florida document number <u>L14000021347</u> .	y were filed on February 6	
This amendment is submitted to amend the following:  A. If amending name, enter the new name of the limited lia	bility company here:	FIL 2014 FEB 2 SECRETAR TALLAHAS
		<u> </u>
The new name must be distinguishable and end with the words "Limited Li	ability Company," the designation	"LLC" or the abbreviation "L.L.C"
Enter new principal offices address, if applicable:		<u> </u>
(Principal office address MUST BE A STREET ADDRESS)		DE &
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	205 S.W. 29th Aven Delray Beach, FL 33	
B. If amending the registered agent and/or registered registered agent and/or the new registered office address he  Name of New Registered Agent:		ords, enter the name of the nev
Navy Pagistared Office Address:		
New Registered Office Address:	Enter Florida street ad	dress
New Registered Office Address:		Florida

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 605, 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 Authorized Member on our records, enter the title, name, and address of each Manager or Authorized Member being added or removed from our records:

MGR = Manager

<u> Fitle</u>	<u>Name</u>	Address	Type of Action
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(The effective date must be specific, cannot be prior to date of receip the date this document is filed by the Florida Department of State)  Dated February 25 201	t or filed date and cannot be more than 90 days after
the date this document is filed by the Florida Department of State)  Dated February 25 201	t or filed date and cannot be more than 90 days after

Page 3 of 3

Filing Fee: \$25.00

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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