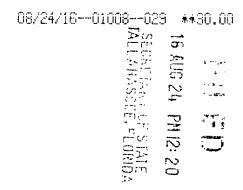
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J. HARRIS

# **COVER LETTER**

TO: Registration Section Division of Corporations
SUBJECT: WARRANTY RESOURCE GROUP LLC Name of Limited Liability Company
The enclosed Articles of Amendment and fee(s) are submitted for filing.
Please return all correspondence concerning this matter to the following:
SEAN CONNO//Y
WARRANTY RESCURCE GROWP-LLC
7719 9157 STACOT Address
Seminale Fl 33777  City/State and Zip Code
SEANCONNOTIVA WANDANTY RESOURCE 6 NOUP. COM E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
SEAUCONNO// at (727) 460-5/57 Name of Person Area Code Daytime Telephone Number
Enclosed is a check for the following amount:
Enclosed is a check for the following amount:  \$25.00 Filing Fee \$\frac{30.00 \text{ Filing Fee & Certificate of Status}}{255.00 \text{ Filing Fee & Certificate of Status}}  \$25.00 Filing Fee \$\frac{30.00 \text{ Filing Fee & Certificate of Status}}{255.00 \text{ Filing Fee & Certificate of Status}}  \$25.00  Filing Fee & Ce

### **MAILING ADDRESS:**

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

#### STREET/COURIER ADDRESS:

(additional copy is enclosed)

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

# TO ARTICLES OF ORGANIZATION **OF**

WAMANTY RESOURCE  (Name of the Limited Liability Company as it (A Florida Limited Liability	Moof LLC now appears on our records,)	
(A Florida Limited Liability	Company)	
The Articles of Organization for this Limited Liability Company were f Florida document number <u>4/3000/89837</u>	iled on $\frac{1-9-15}{}$ and assigned	
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liability co	mpany here:	
The new name must be distinguishable and contain the words "Limited Liability Com	pany," the designation "LLC" or the abbreviation "L.L.C."	
Enter new principal offices address, if applicable:	≥v	
(Principal office address MUST BE A STREET ADDRESS)		
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	× +	
Enter new mailing address, if applicable:	THE REPORT OF THE PARTY OF THE	
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(Mailing address MAY BE A POST OFFICE BOX)		
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B. If amending the registered agent and/or registered office a registered agent and/or the new registered office address here:	ddress on our records, enter the name of the new	
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street address , Florida	
Cii		
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 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

## or removed from our records:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
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(If an ef	fective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days	optional) after filing.) Pursuant to 605.0207 (3)(b)
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If the re	cord specifies a delayed effective date, but not an effective time, at 12:0	01 a.m. on the earlier of:
(b) The	90th day after the record is filed.	NS -
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Filing Fee: \$25.00