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SEP - 7 2011

S. PRATHER

COVER LETTER

TO: Registration Section Division of Corporations
SUBJECT: 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:
Curt Francis Name of Person
Firm/Company
10921 NE LOTO CIVE
T-11 CVM F1 33100 City/State and Zip Code
E-mail address: (to be used for future admual report notification)
For further information concerning this matter, please call:
Curl Francis at (120) 258 - 6934 Name of Person Area Code Daytime Telephone Number
Enclosed is a check for the following amount:
□ \$25.00 Filing Fee □ \$30.00 Filing Fee & □ \$55.00 Filing Fee & □ \$60.00 Filing Fee, Certificate of Status Certified Copy (additional copy is enclosed) □ \$60.00 Filing Fee, 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

b

(Name of the Limited Liability Compa (A Florida Limited I	inv as it now appears on our records.)
The Articles of Organization for this Limited Liability Company Florida document number 1100051146.	
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liabil	
Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS)	16921 NE 15th Give MICCOMI FI 33165
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	MICUMI FI 33102
B. If amending the registered agent and/or registered off registered agent and/or the new registered office address here	fice address on our records, enter the name of the new
Name of New Registered Agent:	
New Registered Office Address:	Enter Florida street address
	, Florida
	Zip Coae

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

If amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added or removed from our records:

MGR =	Manager
AMBR =	Authorized Member

<u>Title</u>	Name	Address	Type of Action
			Add
			□ Remove
			
			Remove
			Change
			Add
			Remove
			Change
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