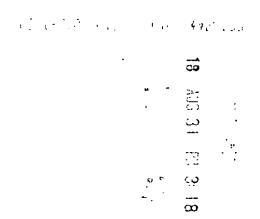
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S. PRATHER

COVER LETTER

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MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327

Registration Section
Division of Corporations

TO:

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

| | OF | \$ |
|--|--|--|
| (Name of the Limited | Liability Company as it now appears on our records.) A Florida Limited Liability Company) | - (E) |
| The Articles of Organization for this Limited Liab | bility Company were filed on <u>08 28 (8</u> | and assigned (2) |
| This amendment is submitted to amend the follow | ving: | * . |
| A. If amending name, enter the new name of t | he limited hability company here: | |
| The new name must be distinguishable and contain the wor | rds "Limited Liability Company," the designation "LLC" or t | he abbreviation "L.L.C." |
| Enter new principal offices address, if applicab | ble: | |
| (Principal office address MUST BE A STREET | ADDRESS) A | |
| Enter new mailing address, if applicable: | | |
| (Mailing address MAY BE A POST OFFICE BO | <u> </u> | |
| B. If amending the registered agent and/or registered agent and/or the new registered office | r registered office address on our records, <u>er</u> <u>ce address here</u> : | nter the name of the nev |
| Name of New Registered Agent: | N A | ···· |
| New Registered Office Address: | | |
| | Enter Florida street address | |
| | , Florid | ~ |
| New Registered Agent's Signature, if changing Reg | City | Zip Code |
| I hereby accept the appointment as registered a provisions of all statutes relative to the proper accept the obligations of my position as registe | agent and agree to act in this capacity. I further and complete performance of my duties, and I ered agent as provided for in Chapter 605, F.S. gistered office address, I hereby confirm that th | am familiar with and Or, if this document is |

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 = A | uthorized Member | | |
|--------------|------------------|---------------------------------------|-----------------|
| <u>Title</u> | <u>Name</u> | Address | Type of Action |
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