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## **COVER LETTER**

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T: 1 Same Honey	of Limited Liability Company
ne enclosed Articles of Amendment and fee(s) a	are submitted for filing.
Please return all correspondence concerning this	matter to the following:
<u>losh</u>	Name of Person
1 500 K	rim/Company
400 310	J. Streot Address
Stire 6	City/State and Zip Code
For further information concerning this matter, ple	ress: (to be used for future annual report notification) ase call:
Name of Person	at (85) 782153 Area Code Daytime Telephone Number
Enclosed is a check for the following amount:	
√ \$25.00 Filing Fee  □ \$30.00 Filing Fee & Certificate of State	

Mailing Address:
Registration Section
Division of Corporations P.O. Box 6327 Tallahassee, Fl. 32314

Street Address: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

The Articles of Organization for this Limited Liability Company were filed on \_\_\_\_ Florida document number 4 19 1000 01525 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 contain the words "Limited Liability Company," the designation "LLC" or the abbreviations "L.L. 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: Name of New Registered Agent: New Registered Office Address: Florida \_

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
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l <b>ffective d</b> Lan effective	ate, if other than the date of filing:	or to date of filing or more than 90 days after filing.) Pursuant to 605.0207
Note: If the	e date inserted in this block does not meet the appli	icable statutory filing requirements, this date will not be listed as
locument's	effective date on the Department of State's record	S.
	cifics a delayed effective date, but not an effective	time, at 12:01 a.m. on the earlier of: (b) The 90th day after the
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Filing Fee: \$25.00