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(Red	questor's Name)	
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PICK-UP	TIAW	MAIL
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Certified Copies	Certificates	of Status
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Special Instructions to F	filing Officer:	
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OCT 17 2009

COVER LETTER

TO: Registration Section Division of Corporation			
SUBJECT:	J CH 18 Name of Limi	2 FOWLEY LLC ted Liability Company	<u></u>
The enclosed Articles of An	nendment and fee(s) are sub-	mitted for filing.	
Please return all correspond	ence concerning this matter t	to the following:	
		mitted for filing. The Halgrin's Name of Person THE FOWLER LUC Firm/Company Dean Way Address Might S FL 33919 City/State and Zip Code Chalgrin Ol Q gmail. Com The obe used for fiture annual report notification) The address of the state of Status & Certificate of Status & Certified Copy (additional copy is enclosed) Street Address: Registration Section	
		HR Fowler L	LC_
		Dean Way	
	H.	Myers, FL City/State and Zin Code	33919
	E-mail address: (t	halarim 01 (so be used for phure annual report notif	egmail.com
For further information con-	cerning this matter, please ca	dl:	
John Name of Po	Halgrim	at (<u>234</u>) <u>85</u> Area Code Daytime	C - OO48 e Telephone Number
Enclosed is a check for the	following amount:		
\$25.00 Filing Fee	□ \$30.00 Filing Fee & Certificate of Status	Certified Copy	Certificate of Status & Certified Copy
Mailing Address: Registration Sec	ction		ction
Division of Cor		Division of Cor	porations
P.O. Box 6327		The Centre of T	allahassee

Tallahassee, FL 32314

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

	CAR	FOWLER	LLC	1.725 <u>5</u> , _	- ; 11 : 23
(Name of the Limited	I Liability Co A Florida Limi	mpany as it now at ited Liability Compa	opears on our r iny)	ecords.)	23
The Articles of Organization for this Limited Liab Florida document number <u>L1900017</u> 0	bility Comp 963]	oany were filed or	8-1	201 ⁶	and assigned
This amendment is submitted to amend the follow	ving:				
A. If amending name, enter the new name of t	the <u>lim</u> ited	liability compan	v here:		
The new name must be distinguishable and contain the wor	rds "Limited I	liability Company,"	the designation	"LLC" or the ab	breviation "L.L.C."
Enter new principal offices address, if applical	ble:	<u>-</u>			
(Principal office address MUST BE A STREET	ADDRESS	<u> </u>			
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE B	<u>'ON</u>)				
B. If amending the registered agent and/or regagent and/or the new registered office address		ice address on o	ur records, <u>e</u>	nter the nam	e of the new registere
Name of New Registered Agent:					
New Registered Office Address:		Ente	r Florida street o	uldress	
				Florida	
		City			Zip Code

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 amending Authorized Porson(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>	<u>Name</u>	Address	Type of Action
MGR	Jamie Halyrin	Address 1981-9 11123 940 Denn WAY THE MYET, FALS	39/7
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f an effect Note: If	e date, if other to ive date is listed, the the date inserted t's effective date	e date must be spe in this block do	eific and can les not meet	the applicabl	late of filing or e statutory fili	more than 90 ng requirem	(optio days after t ents. this	īling.) Pursuai	nt to 605,0207 (be listed as t
record s d is filed	specifies a delayed l.	d effective date.	but not an e	effective time	, at 12:01 a.m	on the earl	ier of: (b)	The 90th o	lay after the
Dated	9-4			020 //	1	(
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