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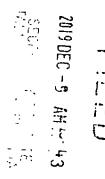
(Requestor's Name)				
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PICK-UP WAIT MAIL				
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(Document Number)				
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COVER LETTER

TO:	Registration Section Division of Corporations
SUBJE	ECT: 14721 NE 6 Del Lot # 5 11c Amendment from Name of Limited Liability Company Authorized Resonance
The end	closed Articles of Amendment and fee(s) are submitted for filing.
Please 1	return all correspondence concerning this matter to the following:
	Wilner Gerard Name of Person 1421 NE 6 My Lo + 5 // C Firm/Company
	MTA 1 33/6/
	Wilner Jeras de produkt 305 a gueil. 10
	E-mail address: (to be used for future almual report notification)
For furt	ther information concerning this matter, please call:
	Name of Person Jeran 4 at 1786 718 7506 Area Code Daytime Telephone Number
Enclose	ed is a check for the following amount:
₫ \$ 2:	5.00 Filing Fee \$\Bigcup \\$30.00 Filing Fee & \Bigcup \\$55.00 Filing Fee & \Bigcup \\$60.00 Filing Fee, Certificate of Status Certified Copy Certificate of Status & Certified Copy (additional copy is enclosed)

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

1472/ Name of the Limited Liability Compa (A Florida Limited I	my as it now appears on our records.) Liability Company)				
The Articles of Organization for this Limited Liability Company Florida document number	were filed on ///2/20/9 and assigned 234				
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 Liabil Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS)	Lity Company," the designation "L.C." $ \frac{14721}{1575} $ $ \frac{14731}{1575} $				
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	Same as Alare				
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:	ur Juas Of -> no chur				
New Registered Office Address: 1472	Enter Florida street address				
\mathcal{M}_{\bullet}	$\gamma = \mathcal{A} = 37/(1)$				

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 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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			□ Change
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