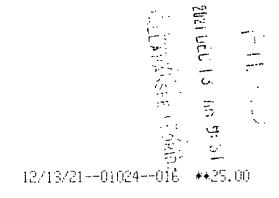
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### **COVER LETTER**

TO: Registration Section Division of Corporations
SUBJECT: CIVISM TOILS  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:
Staphanie Kaminski Name of Person
Firm/Company
16535 Anchor Loop 19-302 Address
Bradenton FL 34212  City/State and Zip Code  Layshtaisf Qmail. com
E-mail address: (to be used for future annual report notification)  For further information concerning this matter, please call:
Stephanie Karninski at SB 399-8270  Name of Person Area Code Daytime Telephone Number
Enclosed is a check for the following amount:
\$25.00 Filing Fee S30.00 Filing Fee & S55.00 Filing Fee & Certificate of Status Certified Copy (additional copy is enclosed)

#### Mailing Address:

TO:

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

<u> </u>	7115	
(Name of the Limited	d Liability Company as it now appears on our re A Florida Limited Liability Company)	ecoras.)
The Articles of Organization for this Limited Lia Florida document number 210048		2 and assigned
This amendment is submitted to amend the follow	wing:	
A. If amending name, enter the new name of t	the limited liability company here:	
The new name must be distinguishable and contain the wo	ords "Limited Liability Company," the designation	"LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applical	ble:	
(Principal office address MUST BE A STREET	ADDRESS)	
Enter new mailing address, if applicable:  (Mailing address MAY BE A POST OFFICE B	80X)	
B. If amending the registered agent and/or registered office address		nter the name of the new registere
Name of New Registered Agent:		<u> </u>
New Registered Office Address:	Enter Florida street a	ddress
		_, 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 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 adde or removed from our records:

MGR = Manager

AMBR = Authorized Member

<u>Title</u>	Name	Address	Type of Action
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<del>/ / `</del>		Signature of a	member or author	orized represent	ative of a memb	er	
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