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(Re	questor's Name)	
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(Address) (Address) (City/State/Zip/Phone #) PICK-UP WAIT MAIL (Business Entity Name) (Document Number) Certified Copies Certificates of Status Special Instructions to Filing Officer:	MAIL	
(Bu	siness Entity Nam	ne)
(Do	cument Number)	
Certified Copies	_ Certificates	of Status
Special Instructions to	Filing Officer:	

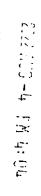






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COVER LETTER

TO: Registration Section Division of Corporations	
SUBJECT: 2140 Be	dford Road LLC
Name of Lin	nited Liability Company
The enclosed Articles of Amendment and fee(s) are sub-	omitted for filing.
Please return all correspondence concerning this matter	to the following:
	Ohn Seiner Name of Person
	Firm/Company 123
<u>375</u> L	lennie Lake Court
_ Sc	Lint Augustine, Flacida 32095
E-mail address:	recubin amail, com
For further information concerning this matter, please of	rall:
John Seiner Name of Person	at (904) 588-3735 Area Code Daytime Telephone Number
Enclosed is a check for the following amount:	
\$\ \$\\$\$\\$\$\\$\$\\$\$\\$\$\\$\$\\$\$\\$\$\\$\$\\$\$\\$\$\\$\$	□ \$55.00 Filing Fee & □ \$60.00 Filing Fee, Certified Copy (additional copy is enclosed) □ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
Mailing Address: Registration Section	Street Address: Registration Section
Division of Corporations	Division of Corporations
P.O. Box 6327 Tallahassee, FL 32314	The Centre of Tallahassee 2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Dala

1 1 2 2 2	ability Company as it now appears on a portion Limited Liability Company)	our records.)
The Articles of Organization for this Limited Liabilit	ty Company were filed on	$\sqrt{5}$ $\sqrt{302}$ and assigned
This amendment is submitted to amend the following	g:	
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 designa	ation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET AL	ODRESS)	
Enter new mailing address, if applicable:		<u> </u>
(Mailing address MAY BE A POST OFFICE BOX)		<u> </u>
B. If amending the registered agent and/or registor agent and/or the new registered office address her		ds, enter the name of the new registered
Name of New Registered Agent:		
Florida document number 2200 29 This amendment is submitted to amend the follow. A. If amending name, enter the new name of the new name must be distinguishable and contain the word. Enter new principal offices address, if applical (Principal office address MUST BE A STREET) Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE B) B. If amending the registered agent and/or regagent and/or the new registered office address	Enter Florida st	reet address
		, 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 added or removed from our records:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
MGR	John Seiner	375 Jennie Lake Cour	1 SAdd
		Saint Augustine, Florida	<u> </u>
		32095	□Change
			□ Add
			□Remove
		<u></u>	Change
			□Add
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			□Add
			□Remove
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