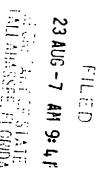
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(Business Entity Name)
(Document Number)
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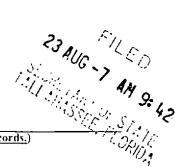
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TO: Registration Divisions of C			
.SUBJECT:	Low-	-Chlo, LEC	<i>,</i>
	Name of La	nited Liability Company	
The applicant Notestan	at Nava at 1 and 1 a		
	of Amendment and fee(s) are su		
Please return all corres	nondence concerning this matte	r to the following.	
	T	Name of Person	
		Name of Person	
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	•	020NA, FL 3	4660
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TODD 6	FUARINO	737 2. S 1	9777
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\$25 00 Filing Fee	□ \$30 00 Filing Fee &		_
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		(additional copy is enclosed)	Certified Copy tadditional copy is enclosed)
Mailing Addres	<u>»»:</u>	Street Address:	
Registration	Section	Registration Sec	ction
Division of C	orporations	Division of Cor	

P.O. Box 6327 Tallahassee, FL 32314

The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, Ft. 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION **OF**



		ars on our records.)	
The Articles of Organization for this Limited Liability Company v Florida document number <u>LA3000 25 851</u> 4	vere filed on _	<u>5-20-2</u>	3 and assigned
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited liabil	lity company l	<u>nere</u> :	
The new name must be distinguishable and contain the words "Limited Liability Contains the words "Liability Cont	ty Company," the	designation "LLC" or	the abbreviation "L.L.C."
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 adagent and/or the new registered office address here:	ddress on our	records, enter the	name of the new registered
Name of New Registered Agent:	_		
New Revistered Office Address:			
New Registered Office Address:	Enter Fl	orida street address	
New Registered Office Address:	Enter Fl	orida street address , Florid	
	Enter Fl		daZip Code
New Registered Office Address: New Registered Agent's Signature, if changing Registered Agent:			

If Changing Registered Agent, Signature of New Registered Agent

. Title .	<u>Name</u>	Address	Type of Action
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	•	Palm Harbor, FL 34683	
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). If ame	nding any other information, enter change(s) here: (Attach additional sheets, if necessary.)
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docume	ont's effective date on the Department of State's records
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Dated _	
	Signature of a member or authorized representative of a member
	Too Guarino Typed or printed name of signee

Filing Fee: \$25.00