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(Requestor's Name)						
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2007 SEP 17 AMID: 55 SECRETARY OF STATE



COVER LETTER

Division of Corporations				•
SUBJECT: Seminole Exchange, LLC	· · · · · · · · · · · · · · · · · · ·	1774 (7)		
(Name of L	imited Li	ability Company)		
Dear Sir or Madam:				
The enclosed Registered Agent/Registered O	effice Cha	ngo and fac(a) are submitt	ad fan filina	
The cholosed Registered Agent Registered O	THE CHAI	inge and ree(s) are submitte	ed for filling.	
Please return all correspondence concerning	this matte	r to the following:		
Tammy M. Longo				
(Name of Person)				
Seminole Exchange, LLC				
(Firm/Company)				
5004 B		,		
5201 Ravenswood Road Suite 101 (Address)			 -	_
(Audicess)		•	SEC ALL	
Fort Lauderdale, FL 33312			ZUU/SEP 17 SECRETARY ALLAHASSI	7
(City/State and Zip Code)	-		17 ARY SSE	. denvara
			E P	15
For further information concerning this matte	r, please o	call:	STA COR	1
	_		107 318 62	
Tammy M. Longo	at (954) 962-2525		
(Name of Person)	, \	(Area Code & Daytime	Telephone N	umber)
				٠
STREET/COURIER ADDRESS:		MAILING ADDRESS:	•	
Registration Section Division of Corporations		Registration Section Division of Corporations		
Clifton Building		P.O. Box 6327	•	
2661 Executive Center Circle		Tallahassee, Florida 32314		
Tallahassee, Florida 32301				
Enclosed is a check for the following	g amount			
 √ \$25 Filing Fee		\$55 Filing Fee & Certifie	ed Conv	

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Seminole Exchange, LLC

		(A Florida Limited Liability (Company)		
FIRST:	The Articles of Organization were document number <u>L9800000</u>	re filed on 03/16/1998 0312	and assigned		
SECOND:	This amendment is submitted to a	_	·		
	Michael T. Stewart should	d be the registered a	gent and a Manager	Member.	
	Marcia Ann Cypress shou	uld be a Manager/Mer	mber not the Register	ed agent.	
	1522 NW	138 terrace	Pembroke Pin	es, Fl. 33	己是
				·	
	<u> </u>				
				TA:: 22	
				- ECRI	
				P -	Generalis exemples f. E
Dated Se	ptember 5	2007		AM 10: S OF STATE OF LORI	
				59 104	
	Signature of	a member or authorized repre	esentative of a member		
	Kim E. Hoffman	Typed or printed name of	signee		
		-, p 0. p			

Filing Fee: \$25.00

If the limited liability company is not organized under the laws of the State of Florida, it is hereby confirmed that after the change or changes are made, the Florida street address of the registered office and the business office of the registered agent will be identical. Or, in the case of a Florida limited liability company, it is hereby confirmed that the change(s) was/were authorized by an affirmative vote of the members of the limited liability company or as otherwise provided in the articles of organization or the operating agreement of the limited liability company.

(Signature of a member of authorized representative of a member)

KIM E. HOFFMAN (Printed or typed name of signee)

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 608, 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.

MICHAELT. STEWART (Signature of Registered Agent)

> Division of Corporations, P.O. Box 6327, Tallahassee, FL 32314 **FILING FEE: \$25.00**

INHS18 (8/05)