## L05000008577

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SEE, FLORIDA

## **COVER LETTER**

TO: Registration S Division of Co			
SUBJECT: Taksu	, LLC (Name of Lim	ited Liability Company)	
The enclosed Articles of	f Amendment and fee(s) are sub	omitted for filing.	
Please return all corresp	condence concerning this matter	to the following:	
	Lynne D. McArdie		. 2
		(Name of Person)	<u> </u>
	Taksu, LLC		
		(Firm/Company)	2009 FEB 10 PM
	4815 Executive Park Co	urt, Suite 207	
		(Address)	2:
	Jacksonville, FL 32216		PH 2: 23
		(City/State and Zip Code)	
For further information	concerning this matter, please c	all:	
Lynne McArdie		at ( 904 ) 279-1617	
(Name	of Person)	(Area Code & Daytime 7	Celephone Number)
Enclosed is a check for	the following amount:		
\$25.00 Filing Fee	□\$30.00 Filing Fee & Certificate of Status	☑\$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	☐\$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
	LING ADDRESS: tration Section	STREET/COURIER Registration Section	ADDRESS:

Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

raksu, LLC				
( <u>Name of the Limited Liabi</u> (A Florid	lity Company as it now appears of la Limited Liability Company)	n our records.)		
The Articles of Organization for this Limited Liability	y Company were filed on Januar	y 12, 2005	_ and assig	gned
Florida document number L05000008577				
This amendment is submitted to amend the following	:			
A. If amending name, enter the new name of the li	imited liability company here:			
Alden Parkes, LLC				
The new name must be distinguishable and end with the v "L.L.C."	vords "Limited Liability Company,	" the designation "LLC	" or the ab	breviatio
Enter new principal offices address, if applicable:		·	· · · · · · · · · · · · · · · · · · ·	<del></del>
(Principal office address MUST BE A STREET AD	DRESS)		200	
			36	RIALIZADO.
Enter new mailing address, if applicable:		ind 221	် င	
(Mailing address MAY BE A POST OFFICE BOX)			PH	m
		9:	79	J
			<u>~~~</u>	
B. If amending the registered agent and/or reg registered agent and/or the new registered office ag		11144	<b></b>	the nev
Name of New Registered Agent:				
New Registered Office Address:				
	(Enter Florida street address)			
	(7)	, 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 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.

(If Changing Registered Agent, Signature of New Registered Agent)

MGR = Ma MGRM = 1	anager Managing Member		
<u>Title</u>	<u>Name</u>	<u>Address</u>	Type of Action
			Add Remove
			- Dam
			— n
			AGA
<del></del>			SS D AGP END Remove III
			Add Remove
D. If amen	ding any other information, o	enter change(s) here: (Attach additional sheets, if ne	cessary.)
_	-		
Dated Febru	uary 4	A. McCudle of a member or authorized representative of a member	· · · · · · · · · · · · · · · · · · ·
	Lynne D. Mc	•	

, If amending the Managers or Managing Members on our records, enter the title, name, and address of each Manager

Page 2 of 2

Filing Fee: \$25.00

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