## 207000005442

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T. HAMPTON

OCT 2 7 2009

**EXAMINER** 

## **COVER LETTER**

Division of Corporations		
SUBJECT: 5356X, LLC		
(Name of Li	mited Liability C	ompany)
The enclosed member, managing member of filing.	or manager res	signation and fee(s) are submitted for
Please return all correspondence concerning	g this matter to	o:
Jeffrey R. Ludwig, Esq.		
(Contact Person)		
Ludwig & Associates, P. A.		
(Firm/Company)		
5150 Belfort Rd. S. #500		<del></del>
(Address)		
Jacksonville, Florida 32256		
(City/State and Zip Code)		
For further information concerning this mat	tter, please cal	1:
Same	at ( 904	281-0145
(Name of Contact Person)		de & Daytime Telephone Number)
Enclosed please find a check made payable	to the Florida	Department of State for:
\$25 Filing Fee		\$55 Filing Fee &
	<b>L</b> -	Certified Copy
STREET/COURIER ADDRESS:		MAILING ADDRESS:
Registration Section		Registration Section
Division of Corporations		Division of Corporations
Clifton Building		P.O. Box 6327
2661 Executive Center Circle Tallahassee, Florida 32301		Tallahassee, Florida 32314

CR2E079 (5/06)

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

5356X, LLC (Name of the Limited Liability Compan (A Florida Limited Li	y as it now appears on our records.)		
The Articles of Organization for this Limited Liability Company		_ and as	ssigned
Florida document number <u>L0700005442</u>			
This amendment is submitted to amend the following:	•		
A. If amending name, enter the new name of the limited liabil	lity company here:		
The new name must be distinguishable and end with the words "Limite"L.L.C."	ed Liability Company," the designation "LLC	or the	abbreviation
Enter new principal offices address, if applicable:	820 South Bay Blvd.		
(Principal office address MUST BE A STREET ADDRESS)	Anna Maria, Florida 34216	9	SE SE
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	P.O. Box 1053 Anna Maria, Florida 34216	0¢T 26 PM	FILED CRETARY OF ION OF CORP
B. If amending the registered agent and/or registered offiregistered agent and/or the new registered office address here	ice address on our records, enter the	မှာ	OR ATION of Me new
Name of New Registered Agent:			,
New Registered Office Address:	Enter Florida street addres	S	
	, Florida	Zip Coa	da
	Cuy	$zip \cup oa$	ie

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 amending the Managers or Managing Members on our records, enter the title, name, and address of each Manager or Managing Member being added or removed from our records:

MGR = Manager

MGRM = Managing Member **Type of Action Address Title** <u>Name</u> MCR Ronald T. Hall P. O. Box 1053 X Add Remove 559 Ponte Vedra Blvd. MCR Lawrence A. Kurz ☐ Add Ponte Vedra Beach, FL 32082 Remove \_ Add Remove Add Remove □Add Remove ∏Add Remove D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) Dated October 2009 Signature of a member of authorized representative of a member Lawrence A. Kurz Typed or printed name of signee

Page 2 of 2

Filing Fee: \$25.00