# L10000010213

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D. BRUCE

FEB 1 2 2010

**EXAMINER** 



#### FLORIDA DEPARTMENT OF STATE Division of Corporations

February 3, 2010

MORGAN W STREETMAN STREETMAN LAW 1005 N MARION ST TAMPA, FL 33602

SUBJECT: 909 E 15TH STREET LLC

Ref. Number: L10000010213

FILED

10 FEB I I PH 3: 42

SECRETARY OF STATE

We have received your document for 909 E 15TH STREET LLC, however, upon receipt of your document no check was enclosed. Please return your **document** along with a **check** or **money order** made payable to the Department of State for \$25.00.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6984.

Letter Number: 910A00002790

Deborah Bruce Regulatory Specialist II

### **COVER LETTER**

**Registration Section** 

Division of Cor	porations				
SUBJECT:	909 E 15	TH STREET LLC			
	Name of Lim	ited Liability Company			
The enclosed Articles of A	Amendment and fee(s) are sul	omitted for filing.			
Please return all correspon	ndence concerning this matter	to the following:			
		Name of Person			
		Streetman Law Firm/Company			
	As =				
		1005 N Marion St	CIETARY OF STATE AHASSEE, FLORIDA		
	Address				
		Tampa FL 33602	Mar I		
		City/State and Zip Code			
	Morg	an@StreetmanLaw.com	SALE O		
•	E-mail address: (	to be used for future annual report notific	ation)		
For further information co	oncerning this matter, please o	rall:	•		
Mora	an Streetman	at (_813 )6	376-6311		
Name of Person		Area Code & Daytime			
Enclosed is a check for th	e 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)		
MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314		STREET/COURIE Registration Section Division of Corporat Clifton Building 2661 Executive Cent Tallahassee, FL 3236	tions ter Circle		

## ARTICLES OF AMENDMENT

#### ARTICLES OF ORGANIZATION **OF**

		REET LLC		<u> </u>			
( <u>Name of the Limited Liab</u> (A Flori	ility Company ida Limited Lia	as it now appea bility Company)	irs on our records.)				
The Articles of Organization for this Limited Liabilit Florida document number L10000010213	ty Company w			and assigned			
This amendment is submitted to amend the following	g:						
A. If amending name, enter the new name of the	limited liabili	ty company he	<u>re</u> :				
909 E 15TH AVENUE LLC							
The new name must be distinguishable and end with the "L.L.C."	words "Limited	l Liability Comp	any," the designation "I	LC" or the abbreviation			
Enter new principal offices address, if applicable:	: .	n/a		Ā.			
(Principal office address MUST BE A STREET AL	ODRESS)			70			
Enter new mailing address, if applicable:  (Mailing address MAY BE A POST OFFICE BOX)	•	n/a	CORIDA	ILED II PH 3 42 SSEE FISTATE			
B. If amending the registered agent and/or re registered agent and/or the new registered office a		e address on	our records, enter t	he name of the new			
Name of New Registered Agent: n/s	а	· · · · · · · · · · · · · · · · · · ·					
New Registered Office Address:n/s	a	Tr.	nter Florida street add				
		E)	nier rioriaa sireei aaa	ress			
	· ·····		, Florida				
		City		Zip Code			
New Registered Agent's Signature, if changing Regist	tered 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

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 fectords:

MGR = Manager

MGRM = Managing Member **Title Address** Type of Action <u>Name</u> n/a ☐ Add Remove n/a ☐ Add Remove n/a ☐ Add □ Remove n/a ∏ Add Remove n/a ∏Add Remove n/a  $\square$ Add Remove D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) 28 January 2010 Dated\_ Signature of a member or authorized representative of a member Morgan W Streetman, authorized agent of MGRM Typed or printed name of signee

Page 2 of 2

Filing Fee: \$25.00