

L10000038281

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

J. BRYAN

MAY 14 2010

EXAMINER

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: 7188 IRONWOOD DR, LLC
Name of Limited Liability Company

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

VALENTINO AMNAY
Name of Person
7188 IRONWOOD DR, LLC
Firm/Company
7188 IRONWOOD DR,
Address
ORLANDO, FL 32818
City/State and Zip Code
joykaa64@aol.com
E-mail address: (to be used for future annual report notification)

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TALLAHASSEE, FLORIDA

For further information concerning this matter, please call:

JOY K. AMNAY at (**813**) **404-1938**
Name of Person Area Code & Daytime Telephone 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)

MAILING ADDRESS:
Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

STREET/COURIER ADDRESS:
Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

7188 IRONWOOD DR, LLC

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

The Articles of Organization for this Limited Liability Company were filed on 04/09/2010 and assigned
Florida document number L0000038281.

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

1424 SPRING LN, LLC

The new name must be distinguishable and end with the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."

Enter new principal offices address, if applicable: 1424 SPRING LN,
CLEARWATER, FL 33755
(Principal office address MUST BE A STREET ADDRESS)

Enter new mailing address, if applicable: P O BOX 152,
TARPON SPRINGS, FL 34688
(Mailing address MAY BE A POST OFFICE BOX)

B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here:

Name of New Registered Agent: VALENTINO AMNAY

New Registered Office Address: 1424 SPRING LN,
Enter Florida street address

CLEARWATER, Florida 33755
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

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

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGR	JOY K. AMNAY	1424 SPRING LN. CLEARWATER, FL 33755	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
MGRM	VALENTINO AMNAY	1424 SPRING LN. CLEARWATER, FL 33755	<input type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove

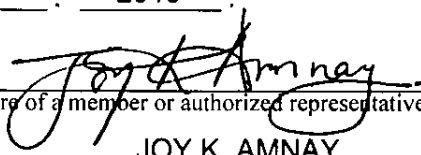
D. If amending any other information, enter change(s) here: *(Attach additional sheets, if necessary.)*

Dated 12th MAY 2010

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

10 MAY 13 PM 1:33

FILED



Signature of a member or authorized representative of a member
JOY K. AMNAY

Typed or printed name of signee