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B. BOSTICK APR **17** 2012

**EXAMINER** 

## **COVER LETTER** Registration Section TO: **Division of Corporations** lame 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: For further information concerning this matter, please call: Name of Person Enclosed is a check for the following amount:

\$55.00 Filing Fee &

Certified Copy

(additional copy is enclosed)

**MAILING ADDRESS:** 

30.00 Filing Fee &

Certificate of Status

\$25.00 Filing Fee

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

## STREET/COURIER ADDRESS:

\$60.00 Filing Fee,

Certified Copy

Certificate of Status &

(additional copy is enclosed)

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

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION

OF			
	y as it now appears on our records.) ability Company)		
The Articles of Organization for this Limited Liability Company Florida document number 4 00003296	were filed on $3-8-12$ and assigned $3$		
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited liabi  A A A A A A A A A A A A A A A A A A A	LLC		
Enter new principal offices address, if applicable:  (Principal office address MUST BE A STREET ADDRESS)	1950 LAKE AVE SE BIDG B LARGO FL 3377/		
Enter new mailing address, if applicable:  (Mailing address MAY BE A POST OFFICE BOX)	1950 CAKEAVE SE BIDG B LARGO FC 3377/		
B. If amending the registered agent and/or registered off registered agent and/or the new registered office address here			
Name of New Registered Agent:	The state of the s		
New Registered Office Address:	Enter Florida street address		

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.

City

1 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> **Type of Action** ☐ Add ☐ Remove

	•		Add Remove
			Add Remove
			Add Remove
			Add Remove
. If amendin	ng any other information, enter chang	e(s) here: (Attach additional sheets, if neces	sary.) 12 APR
			16 PM
ated	, ,	·	PH 2: 05 UFISTATE E. FLORIDA
	Signature of a member	or authorized representative of a member	

Page 2 of 2

Filing Fee: \$25.00

Typed or printed name of signee