

## Florida Department of State Division of Corporations Electronic Filing Cover Sheet

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(((H11000111755 3)))



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TO:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : GASSMAN & ASSOCIATES, P.A.

Account Number : 075350000514

Phone : (727)442-1200 Fax Number ; (727)443-5829

\*\*Enter the email address for this business entity to be used for function annual report mailings, Enter only one email address please.\*\*

Email Address:

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN 2655 STATE ROAD 580, UNIT 204, L.L.C.

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APR 26 2011

**EXAMINER** 

Electronic Filing Menu

Corporate Filing Menu

Help

AWH FIX# #110001117553

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

2655 STATE	<u>ROAD 580, UNIT 2</u>	04, L.L.C.	
(Name of the Limited Lint (A Flor	illty Company as it now app ida Limited Liability Company	ears on our records.)	
The Articles of Organization for this Limited Liability Florida document number <u>L11000048145</u>	ty Company were filed on _		and assigned
This amendment is submitted to amend the following	g:		
A. If amending name, enter the new name of the	limited liability company l	iere:	
2655 STATE	ROAD 580, SUITE 204	I, L.L.C.	
The new name must be distinguishable and end with the "L.L.C."	words "Limited Liability Con	npany," the designation "LL	C" or the abbreviation
Enter new principal offices address, if applicable			C
(Principal office address MUST BE A STREET AL	ODRESS)		APR 25
	<u></u>		SSE 25
Enter new mailing address, if applicable:  (Mailing address MAY BE A POST OFFICE BOX	<u></u>		OF STATI
Maring Business Inch 1 Del 1 1 Con 1	<u></u>		<b>⊘</b>
B. If amending the registered agent and/or registered agent and/or the new registered office		n our records, <u>enter th</u>	e name of the new
Name of New Registered Agent:			
New Registered Office Address:		Enter Florida street addre	755
<u>_</u>		, 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

Page 1 of 2

H110001117553

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 = Ma MGRM = 1	anager Managing Member		
<u>Title</u>	<u>Name</u>	<u>Address</u>	Type of Action
			[] Damoua
			[7] 6
	· · · · · · · · · · · · · · · · · · ·		Add Remove
			SECRET
<del></del>			SEE CONTRACTOR OF THE PROPERTY
	<u></u>		The series of th
			Add Remove
D. If amen	iding any other information,	enter change(s) here: (Attach additional she	<u></u>
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_			
_			<del></del>
Dated	APRIL 25		
		of a member or authorized representative of a m	
	ALAN 5. GA	SSMAN, ESQUIRE, Authorized Repre Typed or printed name of signee	esentative

Page 2 of 2

Filing Fee: \$25.00