

L000000004666

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

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☐

MAIL

(Business Entity Name)

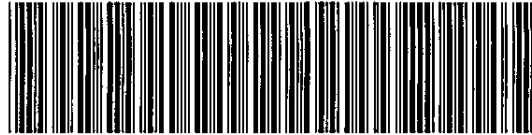
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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

N. C. Wilson

SEP 28 2009

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT:

TREDALIGN, 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:

Annette Newton

Name of Person

TredAlign, LLC

Firm/Company

15711 NE 6th Circle

Address

Vancouver, WA 98684

City/State and Zip Code

old owner anewton999@comcast.net

E-mail address: (to be used for future annual report notification)

new owners Mrrjdh03@aol.com

For further information concerning this matter, please call:

Annette W. Newton

Name of Person

at (360) (503) 577-8522

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

FILED

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

TREDALIGN, 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 April 19, 2000 and assigned
Florida document number L0000000 4666.

This amendment is submitted to amend the following:

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

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:

(Principal office address **MUST BE A STREET ADDRESS**)

location of shop - 4111 N. John Young Pkwy
Orlando, FL 32804

222 Crabtree Ave new owner address

Orlando, FL 32835

Enter new mailing address, if applicable:

(Mailing address **MAY BE A POST OFFICE BOX**)

new owners address.

222 Crabtree Ave

Orlando, FL 32835

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:

ARTHUR J. HIGGINS

New Registered Office Address:

2507 EDgewater Dr

Enter Florida street address

ORLANDO

City

Florida

32804

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, 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>
Operating MGR manager	Annette W. Newton	15711 NE 6 th Circle Vancouver, WA 98684	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
Operating MGR manager	Robert J Hinton	222 Crabtree Ave Orlando, FL 32835	<input checked="" 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 9/1/09, 2009.

Annette W. Newton

Signature of a member or authorized representative of a member

Annette W. Newton

Typed or printed name of signee

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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