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SECRETARY OF STATE
FALLAHASSEF, FI OBIN

J. BRYAN

DEC 24 2009

EXAMINER

, COVER LETTER

TO: Registration Division of Control	n Section Corporations		
SUBJECT:	MARK PIER	SON SALES, L.L.C.	
Subsect,		ited Liability Company	
The enclosed Articles	s of Amendment and fee(s) are su	bmitted for filing.	
Please return all corre	espondence concerning this matte	r to the following:	
		F. Thomas Hopkins	
		Name of Person	SE TALL
		Icard Merrill	E9-9-
	,	Firm/Company	HAS
	203	33 Main Street, Suite 600	EC 23 AM II: 1 RETARY OF STATEMASSEE, FLORE
		Address	FS
		Sarasota, FL 34237	ORIGINAL TO
		City/State and Zip Code	D
	tho	pkins@icardmerrill.com	
	E-mail address:	(to be used for future annual report notification)	
For further information	on concerning this matter, please	call:	
	Thomas Hopkins	at (_941) 953-8	
Nar	ne of Person	Area Code & Daytime Teleph	one Number
Enclosed is a check f	or the following amount:		
\$25.00 Filing Fee	S30.00 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)
Reg Div P.C	AILING ADDRESS: gistration Section vision of Corporations D. Box 6327	STREET/COURIER AD Registration Section Division of Corporations Clifton Building	
Tal	lahassee, FL 32314	2661 Executive Center Cit Tallahassee, FL 32301	rcle

in an analysis of the section of the

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

MARK PIERSOI	<u>N SALES, L.L</u>	C	
(Name of the Limited Liability Comp. (A Florida Limited	any as it now appea Liability Company)	rs on our records.)	
The Articles of Organization for this Limited Liability Company Florida document numberL0000007568	y were filed on	6/27/2000	and assigned
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited lia	bility company he	<u>re</u> :	
The new name must be distinguishable and end with the words "Lin"L.L.C."	nited Liability Comp	any," the designation "l	1
Enter new principal offices address, if applicable:			09 C
(Principal office address MUST BE A STREET ADDRESS)			R P TI
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		SSEE. FLORIDA	23 AMIII: II
B. If amending the registered agent and/or registered o registered agent and/or the new registered office address he		our records, <u>enter (</u>	the name of the nev
Name of New Registered Agent:			
New Registered Office Address:	F.	nter Florida street ada	lross
	£.		
	City	, Florida	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 **Type of Action** <u>Address</u> <u>Title</u> Name | **MGRM** MARK PIERSON 1919 BUCCANEER DRIVE ✓ Remove Sarasota FL 34231 MARK PIERSON ✓ Add MGR 1919 BUCCANEER DRIVE Sarasota FL 34231 ☐ Remove MGR MARY L. PIERSON 1919 BUCCANEER DRIVE ✓ Add Sarasota FL 34231 Remove D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) Article 7 of the Articles of Organization is amended to provide as follows: 7. Management. This is a manager-managed company. Mark Pierson is named the primary manager, having full authority to manage the company. If Mark Pierson ceases to serve, then Mary L. Pierson shall have full authority_ to manage the company. December 18 2009 Dated Signature of a member or authorized representative of a member F. Thomas Hopkins, authorized representative of the members Typed or printed name of signee

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Filing Fee: \$25.00