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K.SALY EXAMINER DEC - 6 2012

COVER LETTER

TO: Registration Section
Division of Corporations

" Cazeau, Linton Barnes, 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:

Cheryl Linton Robinson, Esq.

Name of Persor

Firm/Company

633 NE 167 Street (Suite 1025)

Address

North Miami Beach, FL 33162

City/State and Zip Code

clr@clblawfirm.net

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

For further information concerning this matter, please call:

Cheryl Linton Robinson

_305 **\381-6002**

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

FILED 12 DEC -5 PM 2: 10 ALLAHASSEE, FI OUR

Zip Code

Cazeau, Linton Barnes, LLC	AND SEE FLORIDA
(<u>Name of the Limited Liability Compa</u> (A Florida Limited	iny as it now appears on our records.) Liability Company)
The Articles of Organization for this Limited Liability Company Florida document number L0200033772	y were filed on 12/17/2002 and assigned
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited lial	bility company here:
CAZEAU, LINTON ROBINSON, LLC	
The new name must be distinguishable and end with the words "Lim"L.L.C."	nited Liability Company," the designation "LLC" or the abbreviation
Enter new principal offices address, if applicable:	
(Principal office address MUST BE A STREET ADDRESS)	
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	No
B. If amending the registered agent and/or registered or registered agent and/or the new registered office address he	
Name of New Registered Agent:	
New Registered Office Address:	Enter Florida street address
	, Florida

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

If Changing Registered Agent, Signature of New Registered Agent

If amending the Managers or Managing Members on our records, <u>enter the title, name, and address of each Manager or Managing Member being added or removed from our records</u>:

MGR = Manager MGRM = Managing Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
MGRM	Cazeau, Beatrice	2801 NE 183 Street	Add
		1506 W	Remove
		Aventura, FL 33160	
MGRM	Cazeau, Beatrice	633 NE 167 Street	✓ Add
		Suite 1025	Remove
		North Miami Beach, FL 33162	
MGRM	Linton, Cheryl D	PO Box 640194	Add
		Miami, FL 33162	Remove
MGRM	Linton Robinson, Cheryl	633 NE 167 Street	
		Suite 1025	Remove
		North Miami Beach, FL 33162	
			Add
			Remove
			Add
			Remove

). If amending a	ny other information, enter change(s) here: (Attach additional sheets, if necessary.)
•	
	•
$_{ m ated}$ Nover	mber 30 2012
	71 3
	Signature of a member or authorized representative of a member
Che	eryl Linton Robinson, Esq.
	Typed or printed name of signee

Page 3 of 3

Filing Fee: \$25.00