

LD3000031591

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

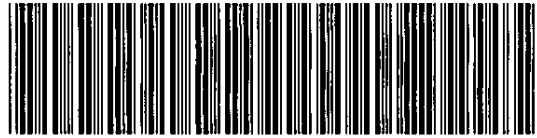
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EXAMINER



600160015826

08/31/09--01020--004 **30.00

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
09 AUG 31 AM 8:38

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: THE TEN POINT NINE, 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:

ATTY. WILLIAM T. APPELYARD

Name of Person

Firm/Company

90 SALEM ST.

Address

MALDEN, MA. 02148

City/State and Zip Code

BILL.APPELYARD@VERIZON.NET

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

For further information concerning this matter, please call:

WILLIAM T. APPELYARD at (781) 324-0700

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
SECRETARY OF STATE
DIVISION OF CORPORATIONS
09 AUG 31 AM 8:38

THE TEN POINT NINE, 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 AUG 22, 2003 and assigned
Florida document number 20300031591.

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)

1601 KAUAI COURT
GULF BREEZE, FLORIDA

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

c/o DAVID KERNE
308 BOSTON AVE.
MEDFORD, MA 02155

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:

PATRICIA A. COLLYER

New Registered Office Address:

1601 KAUAI COURT

Enter Florida street address

GULF BREEZE, 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.

Patricia A. Collyer
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> |
|--------------|----------------------------|-----------------------------------------------------------------------|----------------------------------------------------------------------------|
| <u>MGR</u> | <u>PATRICIA A. COLLYER</u> | <u>1601 KADAI COURT</u> <u>GULF BREEZE, FLORIDA</u> | <input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove |
| <u>MGR</u> | <u>JOHN W. LEAHY</u> | <u>7103 LILLIAN HWY.</u> <u>BOX 3606</u> <u>ALBANY, FLORIDA</u> | <input type="checkbox"/> Add <input checked="" 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 AUGUST 13, 2009

Patricia A. Collyer
Signature of a member or authorized representative of a member

PATRICIA A. COLLYER
Typed or printed name of signee