

Florida Department of State

Division of Corporations Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H110002146193)))



Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name

: COHEN & GRIGSBY, P.C.

Account Number: 120030000042 Phone

: (239)390-1912

Fax Number

: (239)390-1901

**Enter the email address for this business entity to be used for futtore annual report mailings. Enter only one email address please. ** T

TR	Address:			
KMALL	ACCITESE:			

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN CECIL ASHE, LLC

Certificate of Status	0
Certified Copy	0
Page Count	02
Estimated Charge	\$25.00

T. CLINE

AUG 3 1 2011

EXAMINER

Electronic Filing Menu

Corporate Filing Menu

Help

ARTI	CLES OF AMENDMENT	H110002146193		
	TO			
ARTIC	CLES OF ORGANIZATION			
	OF	至		
		30		
	ECIL ASHE, LLC	the state		
(Name of the Limited I (A)	Jability Company as it now appears on Florida Limited Liability Company)	our records.)		
The Articles of Organization for this Limited Lia	bility Company were filed on <u>11/10</u>	/2003 thrid assigned		
Florida document number <u>L03000043490</u>	.	•		
This amendment is submitted to amend the follow	ving;			
A. If amounting pages out on the new pages of t	he limited lightlifty company here.			
A. If amending name, enter the new name of	he limited harmy company here.			
The new name must be distinguishable and end with "L.L.C."	the words "Limited Liability Company,"	the designation "LLC" or the abbreviation		
Enter new principal offices address, if applical	ble:			
(Principal office address MUST BE A STREET	ADDRESS)			
Enter new mailing address, if applicable:				
(Mailing address MAY BE A POST OFFICE B	<u> </u>			
		•		
B. If amending the registered agent and/or registered agent and/or the new registered offi		ecords, enter the name of the new		
Name of New Registered Agent:				
New Registered Office Address:	·			
	Enter Florida street address			
		, 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

H110002146193

H110002146193

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>	Type of Action
MGRM	Cecil Ashe	27657 Old 41 Rd.	Add
		Bonita Springs, FL 34135	X Remove
MGRM	Elizabeth Gault	9070 Bonita Beach Rd.	₽ Add ₽
•		Bonita Springs, FL 34135	Remove
	. *		- 1
			Add Remove
			F ST.
	·		Add— Remove
			Add Remove
,			
			Add
			Remove
D. If a	mending any other information	n, enter change(s) here: (Attach additional sheets, if necessary.	,
			 .
Dated_	August 26	<u></u>	
	Cionet	replacement and a member of a member	
	Eelix Mehler	//	
		Typed or printed hame of signee	

Page 2 of 2

Filing Fee: \$25.00

H110002146193