Division of Corporations Electronic Filing Cover Sheet

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(((H11000201144 3)))



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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : CONTRACTORS REPORTING SERVICES, INC.

Account Number : I20050000099 : (813)932-5244 Fax Number : (813)932-3782

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

Email Address:

11 AUG 10 PH TO

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN CHARLIE CRAIG AND ASSOCIATES, LLC

Certificate of Status	0
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Page Count	04
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Electronic Filing Menu Corporate Filing Menu MCLEOP

EXAMINER

COVER LETTER

TO:	Registration Se Division of Cor						
SUBJE	CT:	CHARLIE CRAIG	AND ASSOCI	ATES, LLC			
		Name of Limit	ted Liability Com	pany			
The end	closed Articles of	Amendment and fee(s) are sub	mitted for filing.				
Please	return all correspo	ndence concerning this matter	to the following:				
	ROMAN ALBANO						
	Name of Person						
	CONTRACTORS REPORTING SERVICE, INC						
	Firm/Company						
		137	95 N NEBRA	SKA AVE			
		Address TAMPA, FL 33624					
	City/State and Zip Code						
		E-mail address: (1	o be used for future	annual report notif	ication)		
For fur	ther information c	oncerning this matter, please ca	all:				
	ROM	IAN ALBANO	at	(813) 9	32-5244		
	Name o	f Person		rea Code & Daytim	e Telephone Number		
Enclose	ed is a check for th	ne following amount:					
\$25	.00 Filing Fee	□\$30.00 Filing Fee & Certificate of Status	□\$55.00 Filin Certified ((additiona		U\$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

CHARLIE CRAIG AN	D ASSOCIATES	, LLC				
(Name of the Limited Liability Comp (A Florida Limited	pany as it now appear I Liability Company)	s on our records.)				
The Articles of Organization for this Limited Liability Compar	ny were filed on	12/1/2003	and assigned			
Florida document numberL03000048396						
This amendment is submitted to amend the following:						
A. If amending name, enter the new name of the limited lia	bility company her	<u>e</u> :				
The new name must be distinguishable and end with the words "Lin"L.L.C."	mited Liability Compa	ny," the designation	"LLC" or the abbreviation			
Enter new principal offices address, if applicable:			1-1 tan.			
(Principal office address MUST BE A STREET ADDRESS)		····				
Enter new mailing address, if applicable:						
(Muiling address MAY BE A POST OFFICE BOX)			77.			
			とと			
			Mark Co.			
B. If amending the registered agent and/or registered or registered agent and/or the new registered office address he		ur records, <u>ente</u>	r the name of the new			
	<u> </u>					
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

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> Name <u>Address</u> Type of Action MGR LARRY D BLOODSWORTH 1509 PECAN STREET N Add NOKOMIS FL 34275 - 🖪 Remove ☐ Remove __ 🗇 Add - □ Remove Remove □ Add ☐ Remove □ Add ☐ Remove D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) August 10th Signature of a member or authorized representative of a member Charlie P. Craig Jr.
Typed or printed name of signee