403000057050

	musakada Nama	
. (Re	questor's Name))
		<u></u>
(Ad	dress)	
(Ad	dress)	
(Cit	y/State/Zip/Phor	ne #)
D BIOK UD	□	
PICK-UP	. WAIT	MAIL
(Bu	siness Entity Na	me)
		•
(Do	cument Number)
Certified Copies	Certificate	es of Status
•		
Special Instructions to	Filing Officer:	
	1M2320B	
	A. LUNT	

Office Use Only

ř



200243665832

01/18/13--01012--027 **25.00

2013 JAN 18 PH 4: 50
SET OF THE OF STATE
TALLANASSEE, FLORIDA

COVER LETTER

TO:		ation Section of Corpor			•	
SUBJE	:CT:	Coul	2NOYER BUILD Name of Limit	ing LLC ted Liability Company		
The end	losed Ar	ticles of Am	endment and fee(s) are sub	mitted for filing.		
Please	return all	corresponde	nce concerning this matter	to the following:		
		-	DARRYL	GORDON Name of Person		
		-	COURNOYE	Firm/Company		
			1739 E. GRO	VEHILL RD.	201 	
		-		Address P. 34693 City/State and Zip Code Mail. Com o be used for future annual report notificati	TELLAHASSEE	
		_	darry gordon@	Mail - Com		
For fur	ther infor	mation conc	erning this matter, please co		PH 4: 50 OF STATE CIFLORIDA OF STATE	*********
DAR	RYL	GORDO Name of Pe	N	at (727) 831-5565	T	
		Name of Pe	rson	Area Code & Daytime Te	lephone Number	
Enclose	ed is a ch	eck for the f	ollowing amount:			
\$25	.00 Filing	g 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 encl	osed)

MAILING ADDRESS:

TO:

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

COURNOYER	BUILDING LL	C	
(<u>Name of the Limited Liabili</u> (A Florida	ity Company as it now appear a Limited Liability Company)	s on our records.)	
The Articles of Organization for this Limited Liability Florida document number <u>L0300057050</u>	• •	C 30, 2003	and assigned
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the lin	mited liability company her	£.	
The new name must be distinguishable and end with the w "L.L.C."	ords "Limited Liability Compa	ny," the designation "LI	C" or the abbreviation
Enter new principal offices address, if applicable:			······································
(Principal office address MUST BE A STREET ADL	ORESS)		
		200	
		1	
Enter new mailing address, if applicable:			
(Mailing address MAY BE A POST OFFICE BOX)		SS	NADAGE TO
		المارين المارين	*****
	- 	5.0	
B. If amending the registered agent and/or regregistered agent and/or the new registered office ad		our records, enter th	e name of the new
	•		
Name of New Registered Agent:			
New Registered Office Address:			<u> </u>
	Ent	ter Florida street addr	ess
		, 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 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:

or Managing Member being added or removed from our re	coras:
,	
MGR = Manager	
MGRM = Managing Member	

<u>Title</u>	Name	Address	Type of Action
MGR.	RANDY MITCHELL	BILY SIMSBURY DR.	Add
		PORT RICHEY, FL. 34668	Remove
,			Add
			Remove
			Add
		A SOCIAL CONTRACTOR OF THE CON	Remove
·		EE FORING	PH 1 50 Add
			Remove
			Add
			Remove
			Remove

nending any other i	nformation, enter change(s) here: (Attach additional sheets, if neo	cessary.)
		
,		
JAN 15TH		10-11-10-1-10-1-1-1-1-1-1-1-1-1-1-1-1-1
	Warryl Harden	
	Signature of a member or authorized representative of a member	
	Typed or printed name of signee	
	Page 3 of 3	
	Filing Fee: \$25.00	
	G .	MILLANSS
		4
		変数
		1, tl
		OF STATE
		- SAFE