

204000021653

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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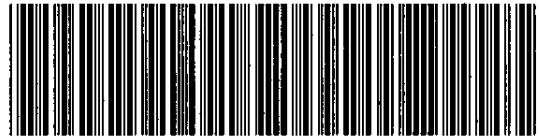
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

S. HAWKES

NOV 17 2009

EXAMINER



CLARK, CAMPBELL, MAWHINNEY & LANCASTER, P.A.

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November 12, 2009

Department of State  
Division of Corporations  
Corporate Filings  
P.O. Box 6327  
Tallahassee, Florida 32314

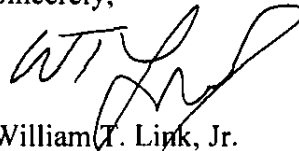
**Re: CC Manatee Development, LLC, a Florida limited liability company**

To Whom it May Concern:

Enclosed is the original and one (1) copy of the Articles of Amendment to the Articles of Organization of CC Manatee Development, LLC, a Florida limited liability company, changing the manager ("Amendment"). Also enclosed is this firm's check number 30741 in the amount of \$25.00 for the filing fee. If acceptable, please file the Amendment and return the original Amendment to our office.

Thank you for your prompt attention to this matter. If you have any questions or comments, please do not hesitate to contact me.

Sincerely,



William T. Link, Jr.

WTL/ndc  
Enclosures  
Certified Mail Return Receipt: 7006 0810 0004 1618 6970

## COVER LETTER

**TO: Registration Section  
Division of Corporations**

**SUBJECT: CHAMAX, 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:

William T. Link, Esquire

Name of Person

CHAMAX, LLC

Firm/Company

500 South Florida Avenue, Suite 700

Address

Lakeland, Florida 33801

City/State and Zip Code

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

For further information concerning this matter, please call:

William T. Link, Esquire

Name of Person

at ( 863 )

647-5337

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**

**CHAMAX, 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 March 22, 2004 and assigned  
Florida document number L04000021653.

**FILED**  
09 NOV 16 PM 5:06  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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)**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Enter new mailing address, if applicable:**

**(Mailing address MAY BE A POST OFFICE BOX)**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**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:

\_\_\_\_\_

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

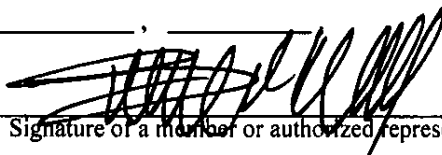
MGRM = Managing Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGR	T & A Family Partnership	500 South Florida Avenue Suite 700 Lakeland, Florida 33801	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
MGR	LAWRENCE W MAXWELL	500 South Florida Avenue Suite 700 Lakeland, Florida 33801	<input checked="" 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
			<input type="checkbox"/> Add <input type="checkbox"/> Remove

D. If amending any other information, enter change(s) here: *(Attach additional sheets, if necessary.)*

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Dated \_\_\_\_\_

  
\_\_\_\_\_  
Signature of a member or authorized representative of a member

Lawrence W. Maxwell  
\_\_\_\_\_  
Typed or printed name of signee