## L0400038724

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SECRETARY OF STALE
DIVISION OF CORFORATIONS

## COVER LETTER

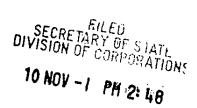
TO: Registration S Division of Co	Section Orporations		
SUBJECT:	CARLIN	COTTON 1-LLC	`
		ited Liability Company	
The enclosed Articles o	f Amendment and fee(s) are su	bmitted for filing.	
Please return all corresp	condence concerning this matte	r to the following:	
		ROBERT D. COTTON	
		Name of Person	
CARLIN COTTON 1-LLC			
Firm/Company			
	30	2 W HOWRY AVENUE	
		Address	<del></del>
DELAND, FL 32720			
		City/State and Zip Code	
	E-mail address: (	to be used for future annual report notifica	tion)
For further information	concerning this matter, please of	• •	<b>-</b>
ROBE	RT D. COTTON	at ( 386 ) 6	26 3615
Name o	of Person	Area Code & Daytime 1	Celephone Number
Enclosed is a check for t	he 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



CARLIN (	COTTON 1-LLC		
(Name of the Limited Liability Co	ompany as it now appear ited Liability Company)	s on our records.)	
The Articles of Organization for this Limited Liability Com	pany were filed on	05/21/2004	and assigned
Florida document numberL04000038724			
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited	liability company her	₽:	
The new name must be distinguishable and end with the words "L.L.C."	'Limited Liability Compa	ny," the designation "L	LC" or the abbreviation
Enter new principal offices address, if applicable:			
Principal office address MUST BE A STREET ADDRES	<u> </u>		
			<del></del>
Enter new mailing address, if applicable:			_
(Mailing address MAY BE A POST OFFICE BOX)			
			<u> </u>
B. If amending the registered agent and/or registered registered agent and/or the new registered office address		ur records, <u>enter th</u>	e name of the new
Name of New Registered Agent:			
New Registered Office Address:	P.u.s.	er Florida street addre	700
	Ente		
	City	, Florida	7 in 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, <u>enter the title, name, and address of each Manager or Managing Member being added or removed from our records</u>:

MGR = Manager

Dated October 26 , 2010 . Signature of a member or authorized representative of a member	MGRN	I = Managing Member		
D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)  The Articles of Organization are hereby amended to reflect that the Members wish to voluntarily pierce the corporate veil and expand their personal liability to the LLC in respect of the \$35,500 salary offered to Mark Sutton in accordance with the I-140 Immigrant Petition - File Number SRC-10-223-51238. All other LLC liabilities remain unaffected.  Dated October 26 2010  Signature of a member or authorized representative of a member	Title	<u>Name</u>	Address	Type of Action
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D L (D O "		•	•	
Typed or printed name of signee			obert D. Cotton	

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Filing Fee: \$25.00