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EXAMINER



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SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
09 AUG 31 AM 8:38

## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT:

CAROLINA HAZE 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:

ATTY. WILLIAM T. APPLEBYARD

Name of Person

Firm/Company

90 SALEM ST.

Address

MALDEN, MA. 02148

City/State and Zip Code

GILL.APPLEBYARD@VERIZON.NET

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

For further information concerning this matter, please call:

WILLIAM T. APPLEBYARD

Name of Person

at (781) 324-0700

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

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
09 AUG 31 AM 8:38

CAROLINA HAZE 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 JULY 12, 2004 and assigned  
Florida document number LO400005126P.

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 "LLC."

Enter new principal offices address, if applicable:

(Principal office address MUST BE A STREET ADDRESS)

1601 KAUAI COURT  
GULF BREEZE, FLORIDA

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

C/O DAVID KERNE  
308 BOSTON AVENUE  
MEDFORD, MA. 02155

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:

PATRICIA A. COLLYER

New Registered Office Address:

1601 KAUAI COURT

Enter Florida street address

GULF BREEZE, 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.

Patricia A. Collyer  
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>
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MGRM	PATRICIA A. COLLYER	1601 KAUAI COURT GULF BREEZE, FL	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
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MGR	JOHN W. LENNY	7103 LILLIAN HWY PENSACOLA, FL 32506	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
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D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

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

Dated 8/13, 2009

Patricia A. Collyer  
Signature of a member or authorized representative of a member

PATRICIA A. COLLYER  
Typed or printed name of signee