## 200090000

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(Document Number)
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G. MCLEOD

NOV 24 2009

**EXAMINER** 



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SECRETARY OF STATE
DIVISION OF CORPORATION

## **COVER LETTER**

Division of C							
SUBJECT: Florida Rust, LLC							
		nited Liability Company					
	of Amendment and fee(s) are so	-					
Please return all corres	pondence concerning this matte	er to the following:					
·	April 2011	Scott Maurer					
		Name of Person					
Callahan & Maurer, PA							
Firm/Company							
	13	191 Starkey Rd, Suite 9					
Address							
		Largo, FL 33773					
		City/State and Zip Code					
	E-mail address:	to be used for future annual report notific	cation)				
For further information	concerning this matter, please	call:	·				
	Scott Maurer	at ( 727 ) Area Code & Daytime	450-8672				
Name	of Person	Area Code & Daytime	Telephone Number				
Enclosed is a check for	the following amount:	•					
<b>[]</b> \$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 Taliahassee, 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

	Florida R	ust, LLC				
(Name of the Limited (A	Liability Compa Florida Limited I	ny as it now appear Liability Company)	s on our records.			
The Articles of Organization for this Limited Lia	and assigned					
Florida document number L04000090	000					
This amendment is submitted to amend the follow	wing:					
A. If amending name, enter the new name of	the limited lish	dity company her	<b>e:</b>			
The new name must be distinguishable and end with	the words "Lim	ited Liability Compa	ny," the designation "L	LC" or the abbrevia	ation	
Enter new principal offices address, if applica	618 Tradewin	ds Drive	0_	DIV.S		
(Principal office address MUST BE A STREET	Deltona, FL 3	2738	<b>Z</b>			
				V	医路	
		<u> </u>		3	제 <u>요</u> .	
Enter new mailing address, if applicable:	618 Tradewine	ls Drive	70	<u> 유</u> 유		
(Mailing address MAY BE A POST OFFICE B	( <b>OX</b> )	Deltona, FL 3	2738	င္မာ	$\overline{\mathbb{F}}_{\mathcal{S}}$	
			· · · · · · · · · · · · · · · · · · ·	ဍ		
B. If amending the registered agent and/or registered agent and/or the new registered off			ur records, <u>enter ti</u>	-	<u>Dew</u>	
Name of New Registered Agent:	Sergio Gallina					
New Registered Office Address:	618 Tradew	inds Drive			_	
	Enter Florida street address					
		Deltona	, Florida	32738	_	
		City		Zip Code		
New Registered Agent's Signature, if changing Re	egistered Agent:		•			
I hereby accept the appointment as registered the provisions of all statutes relative to the pro accept the obligations of my position as regist being filed to merely reflect a change in the re company has been notified in writing of this c	oper and comp tered agent as p egistered office	lete performance d provided for in Ch	of my duties, and I a apter 608, F.S. Or, i confirm that the lim	m familiar with a If this document i	ınd	

Daga 1 as 1

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 Type of Action Address <u>Title</u> Name **MGR** Smith, Dawn 11616 Dauphin Avenue N ∏Add Remove Largo, FL 33778 DbA 🔲 Remove Remove Add Remove DbA□ Remove ∏Add Remove D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) Please also change the address for Sergio Gallina, Manager, to 618 Tradewinds Drive, Deltona, FL 32738 NOV. 17

Signature of a member or authorized representative of a member

Sergio Gallina

Typed or printed name of signee

Page 2 of 2

Filing Fee: \$25.00