104000092166

(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
(Bootament Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:

Office Use Only



700170839017

03/29/10--01072--003 **25.00

10 MAR 29 PM 2: 02

D. BRUCE

MAR 3 0 2010

EXAMINER

COVER LETTER

TO: Registration Section Division of Corporations	
SUBJECT: Steinemann Entraprises 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:	
Name of Person	
Name of Person	
Sheineman + (om pany	
	•
13901 Sulto-TACK Deiver South	She 160
Address	<i>†</i>
Jacksonville, FL 32224	70. J
City/State and Zip Code	· 🏯 😸
E-mail address: (to be used for future annual report notification)	MAR 29
For further information concerning this matter, please call:	
M(ichzel Cills at (904) 821-9600	PH 2: 02 OF STATE E. FLORIDA
Name of Person Area Code & Daytime Telephone Number	T S M
Enclosed is a check for the following amount:	
(additional copy is enclosed) Certified	ate of Status &

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

(Name of the Limited Liability Con (A Florida Limited Liability Con	mpany as it now appears on our records.) ted Liability Company)
The Articles of Organization for this Limited Liability Comp Florida document number <u>L 040000 9 2 166</u> .	pany were filed on $2/25/05$ and assigned
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited	7
The new name must be distinguishable and end with the words "L.L.C."	'Limited Liability Company," the designation "LLC" or the abbreviation
Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRES)	$\frac{N\rho}{2}$
Enter new mailing address, if applicable: (<u>Mailing address MAY BE A POST OFFICE BOX)</u>	PH 2: 02 SEE. FLORIDA
B. If amending the registered agent and/or registered registered agent and/or the new registered office address	d office address on our records, <u>enter the name of the new</u> s here:
Name of New Registered Agent:	N/A
New Registered Office Address:	Enter Florida street address
	, Florida
New Registered Agent's Signature, if changing Registered Ag	•

If Changing Registered Agent, Signature of New 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:

MGR = Manager

MGRM = Managing Member **Type of Action** Address Nichael B. C:115 \square Add Remove \square Add Remove D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) Signature of a member or authorized representative of a member Typed or printed name of signee

Page 2 of 2

Filing Fee: \$25.00