## 10500000360

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

Office Use Only



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J. SAULSBERRY EXAMINER

DEC 2 0 2011

## **COVER LETTER**

| TO: Registration Secti<br>Division of Corpo |  |  |
|---|--|--|
| SUBJECT:                                    | CLA South LLC  Name of Limited Liability Company   |  |
| The enclosed Articles of An                 | mendment and fee(s) are submitted for filing.  |  |
| Please return all correspond                | lence concerning this matter to the following:   |  |
|   | CHRIS MERCOGLIANO  Name of Person  CLA SOUTH LLC  Firm/Company  SI ADMIRALS DELL EAST  Address  BAYSHOWL, N.M. 11706  City/State and Zip Code  Chrismercogliano @ Aol. Com  E-mail address: (to be used for future annual report notification) | 2011 DEC 16 AM 8: 41 SLOREDARY OF STATE TALLAHASSEE, FLORIDA |
| For further information con-                | cerning this matter, please call:  |  |
| $\bigcap$ $\bigwedge$                       | 06 LiANO at (631) 665-0660   | <del></del><br>er  |
| Enclosed is a check for the                 | following amount:  |  |
| \$25.00 Filing Fee [                        | (additional copy is enclosed) Certific   | 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

| CLA Sound  | LLC   |  |
|--|---|--|
| ( <u>Name of the Limited Liabilit</u><br>(A Florida  | y Company as it now appea<br>Limited Liability Company) | rs on our records.)                                  |
| The Articles of Organization for this Limited Liability (Florida document number                 | • •   | 12/30/2004 and assigned                              |
| This amendment is submitted to amend the following:  |   |  |
| A. If amending name, enter the new name of the lim   | nited liability company her                             | <u>·e</u> :  |
| The new name must be distinguishable and end with the wo   | ords "Limited Liability Compa                           | any," the designation "LLC" or the abbreviation      |
| "L.L.C."  Enter new principal offices address, if applicable:                                    |   | 2011<br>TALL   |
| (Principal office address MUST BE A STREET ADD   | RESS)   |  |
| Enter new mailing address, if applicable:<br>(Mailing address MAY BE A POST OFFICE BOX)          |   | SSEE FLORIDA   |
| B. If amending the registered agent and/or registered agent and/or the new registered office add |   | our records, <u>enter the name of the <b>new</b></u> |
| Name of New Registered Agent:  |   |  |
| New Registered Office Address:   | En  | ter 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> **Address** Type of Action MGRM SI ADMIRALS Dure E ☐ Add Kemove  $\square$  Add Remove Add Remove ∏Add Remove ∏Add Remove D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) Decenser Dated Signature of a member or authorized representative of a member CHRIS MERCOGLIMO Typed or printed name of signee

Page 2 of 2

Filing Fee: \$25.00