## W5000022884

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2009 JAN 16 AMID: 42
SECRETARY OF STATE
ALL AHASSEE, FLORIDA

T. CLINE

JAN 20 2009

**EXAMINER** 

## **COVER LETTER**

TO: Registration S Division of Co			
SUBJECT:	ne Arnoid (Name of Limi	ted Liability Company)	L C
The enclosed Articles of	f Amendment and fee(s) are sub-	mitted for filing.	
Please return all corresp	ondence concerning this matter	to the following:	
	Shau	On A Arnold (Name of Person)	
		(Firm/Company)	
	<u>6279</u>	(Address)  Sonulle FL  (City/State and Zip Code)  all:	SECRET TALLARI
	Jack	(City/State and Zip Code)	SECRETARY OF STATE ALLAHASSEE, FLORIDA
For further information	concerning this matter, please or	sil:	10: 42 .0310.4
_Shawn (Name	A. Arnoud	A =	
Enclosed is a check for t	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**

Name of the Limited Liability Compar (A Florida Limited L	ny as it now appears on our records.)
The Articles of Organization for this Limited Liability Company Florida document number	
This amendment is submitted to amend the following:	\$ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~
A. If amending name, enter the new name of the limited liab	ility company here:
Arnow & Newl	1 . C
The new name must be distinguishable and end with the words "Limi"L.L.C."	ited Liability Company," the designation "LLC" or the abbreviation
Enter new principal offices address, if applicable:	
(Principal office address MUST BE A STREET ADDRESS)	No change
Enter new mailing address, if applicable:	No change
(Mailing address MAY BE A POST OFFICE BOX)	
B. If amending the registered agent and/or registered of registered agent and/or the new registered office address here	<u>e</u> :
Name of New Registered Agent:	ange
New Registered Office Address:	(Enter Florida street address)
	, , , , , , , , , , , , , , , , , , ,
	(City) , Florida (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

Title Name **Address Type of Action** MGRM N. MARK NEW \_ Add ☐ Remove Add Remove ☐ Add Remove Add Remove Remove D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) Dated\_ Signature of a member or authorized representative of a member Shawn A. Arnou Typed or printed name of signee

Page 2 of 2

Filing Fee: \$25.00