

LD5000059202

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

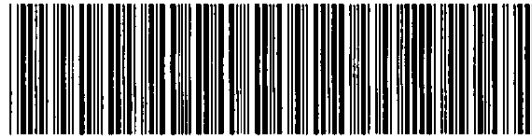
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



100160602031

09/29/09--01017--015 **85.00

FILED
09 SEP 29 AM 9:47
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

N. O'Neil OCT - 2 2009

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: STYLISTIC DESIGN DEVELOPERS AT TROUBLE CREEK, L
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:

JONI L. BUSCEMA

Name of Person

STYLISTIC DESIGN DEVELOPERS AT TROUBLE CREEK, L
Firm/Company

8806 CRESCENT FOREST BLVD

Address

PORT RICHEY, FL 34668

City/State and Zip Code

JBUSCEMA@TAMPABAY.RR.COM

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

For further information concerning this matter, please call:

JONI L. BUSCEMA

Name of Person

at (727)

389-1212

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**

STYLISTIC DESIGN DEVELOPERS AT TROUBLE CREEK
(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

FILED
09 SEP 29 AM 9:47
CLERK OF STATE
TALLAHASSEE, FLORIDA

The Articles of Organization for this Limited Liability Company were filed on JUNE 8, 2005 and assigned Florida document number L05000059202.

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 "L.L.C."

Enter new principal offices address, if applicable:

N/A

(Principal office address MUST BE A STREET ADDRESS)

Enter new mailing address, if applicable:

N/A

(Mailing address MAY BE A POST OFFICE BOX)

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:

ROBERT COVINGTON

New Registered Office Address:

409 4TH AVENUE SW

Enter Florida street address

LARGO

Florida

33770

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

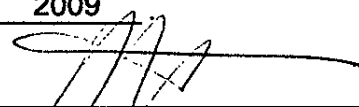
<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGR	SALVATORE MACALUSO	6151 SPRINGER DRIVE PORT RICHEY, FL 34668	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
MGR	JOHNBUSCEMA	6151 SPRINGER DRIVE PORT RICHEY, FL 34668	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove

D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary)

N/A

FILED
 09 SEP 29 AM 9:47
 SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

Dated AUGUST 21, 2009



Signature of a member or authorized representative of a member

JOHN B. BUSCEMA

Typed or printed name of signee