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EXAMINER



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COVER LETTER

TO: Registration Se Division of Cor			
SUBJECT:	thon McGuig (Name of Lim	an E Prebor, Fited Liability Company)	20
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please return all correspo	ndence concerning this matter	to the following:	
	Ray Co	Luthon	
		(Name of Person)	
		(Firm/Company)	
		(Address)	
		(City/State and Zip Code)	
For further information co	oncerning this matter, please c	all:	
Shelley Te	Y (V) of Person)	at (352) 372 · 653 (Area Code & Daytime T	
Enclosed is a check for the	ne 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

Cauthon, McGo	igan & Pre	bor, PLE	
(<u>Name of the Limited</u> (A	Liability Company a Florida Limited Liab	is it now appears on our re ility Company)	ecords.)
The Articles of Organization for this Limited Li Florida document number	ability Company we		
This amendment is submitted to amend the follo	owing:		
A. If amending name, enter the new name of	f the limited liability	y company here:	
Cauthon McGrisan an	1 Deitse	h PLC	Fr A
The new name must be distinguishable and end wit "L.L.C."	h the words "Limited	Liability Company," the de	signation "LLC" or the abbreviation
Enter new principal offices address, if applic	able:	a - 1981 - 1980	
(Principal office address MUST BE A STREE	T ADDRESS)		erass.
	_		9
Enter new mailing address, if applicable:	_		
(Mailing address MAY BE A POST OFFICE	<i>BOX</i>)		2 SE-
	_		
	_		<u> </u>
B. If amending the registered agent and/		address on our record	ls, enter the name of the nev
registered agent and/or the new registered of	fice address here:		
Name of New Registered Agent:			
New Registered Office Address:			
		(Enter Florid	a street address)
		,1	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 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>	Type of Action
MGRM	Teris J. Deitsch	1330 NW 6th Street Suite C Grinciville, FL. 32601	Add Remove
			Add Remove
			Add Remove
			Add Remove
			Add Remove
			Add ☐ Remove
D. If amendi	ng any other information, enter chang	e(s) here: (Attach additional sheets, if necessary.)	
			_
_			
Dated	M Ray	Cauthon	
-	Signature of a member	or authorized representative of a member	

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Filing Fee: \$25.00