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PICK-UP	WAIT	MAIL
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Certified Copies	Certificates	of Status
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Special Instructions to	Filing Officer:	
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MAR 13 2008

**EXAMINER** 

# **COVER LETTER**

TO: Registration Section Division of Corporations
SUBJECT: Seaside Alvanion 7764 (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:
Banne J. Bannester (Name of Person)
Seaside Aloninon "476" (Firm/Company)
817 Swift St. Ste. O. (Address)
Daytona Reach TV 32114 3862252 4940
For further information concerning this matter, please call:
Rome (Name of Person)  (Name of Person)  (Name of Person)  (Area Code & Daytime Telephone Number)
Enclosed is a check for the following amount:
\$25.00 Filing Fee Certificate of Status  Certificate of Status  Certified Copy (additional copy is enclosed)  Certified Copy (additional copy is enclosed)
MAILING ADDRESS: STREET/COURIER ADDRESS:

. .

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

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 Company as it now appears of	n our records.)	<del></del>	
(A	Florida Limited Liability Company)			
The Articles of Organization for this Limited Lia	ability Company were filed on	38102	and assigned	i
Florida document number	4159	•		
This amendment is submitted to amend the follo	owing:			
A. If amending name, enter the new name of	the limited liability company here:			
MA			_	
The new name must be distinguishable and end with "L.L.C."	h the words "Limited Liability Company	" the designation "LLC"	or the abbrev	viation
B. If amending the registered agent and/o		records, enter the		e new
registered agent and/or the new registered of	fice address here:			
			í E	
			, <del>5</del> 0 .	-2 <b>455378</b>
Name of New Registered Agent:	( Comme com	San Lot &	ç <u>⊼</u>	
			AM AM	
New Registered Office Address:	817 Durit Ot	Ste. K.		** 250
	(Ente	r Florida street addres	<i>5)</i>	
	Dudan Reh	, Florida	3U4	
	(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 **Title** <u>Name</u> <u>Address</u> Type of Action Remove Remove Add Remove Add Remove Add Remove Add 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 Typed or printed name of signee

Page 2 of 2

Filing Fee: \$25.00