## 205000073303

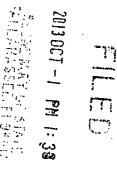
(Requestor's Name)				
(Address)				
(Address)				
(City/State/Zip/Phone #)				
PICK-UP WAIT MAIL				
(Business Entity Name)				
Certified Copies Certificates of Status				
Special Instructions to Filing Officer:				
OCT - 2 2013 A. LUNT				

Office Use Only



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## COVER LETTER

STREET, RESTREET OF STREET

TO: Registration Division of C			
SUBJECT:		SONS LLC.	
	Name of Limit	ted Liability Company	•
	of Amendment and fee(s) are sub	mitted for filing.  CHANGE  To the following:	NOTE I HAVE A &  OF ADDRESS FOR.  O'NEILL  SOUNECTICUT AVE.  SAINT CLOUD FL 34769
	CHARRY	O'NEILL Name of Person	
	9111117	Name of Person	<del></del>
	ONEIL	- AND SONS L Firm/Company	LC.
	1,38 /	SANFECTICUT AVE	<b>=</b>
	<u> </u>	DWNECTICUT AVE	
	E-mail address: (1	City/State and Zip Code  Code	34769 A BOO TO
KEITH	D'NEILL	at (467) 453-3 Area Code & Daytime Te	292
Name	of Person	Area Code & Daytime Te	lephone 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 ARTICLES OF ORGANIZATION OF

O'NEILL (Name of the Limited Liabi	AND Sility Company	as it nov	y appears on on on pany)	our records.)		-	
The Articles of Organization for this Limited Liability		ere filed	on <u>67</u> ,	126/0	and	assigned	d
This amendment is submitted to amend the following	<b>;</b> ;						
A. If amending name, enter the new name of the I	imited liabili	ty comp	any here:				
The new name must be distinguishable and end with the "L.L.C."	words "Limited	d Liability	Company," t	he designation	ı "LLC" or t	he abbre	viation
Enter new principal offices address, if applicable:			8 CON	NECTICA	úτ AV	E.	
(Principal office address MUST BE A STREET ADDRESS)		Sf	FINT C	LOUD	FLE3	436	9
Enter new mailing address, if applicable:					Tres.	)CF -1	
(Muiling address MAY BE A POST OFFICE BOX)					71 (1) (1) (1) (1) (1) (1) (1) (1) (1) (1	ာ  မ	††††
B. If amending the registered agent and/or re registered agent and/or the new registered office a		ce addro	ess on our r	ecords, <u>entc</u>	er the nam	e of the	e new
Name of New Registered Agent:	GAR	ρy	DNEI	<u>-L</u>			
New Registered Office Address:	1917	E.	South Enter F	ST lorida street d	address		
	ORLAN	City		, Florida	325 Zip C	80 1 Tode	·
New Registered Agent's Signature, if changing Regist	ered Agent:				r -		

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>	Name	Address Type of Action				
MGR	GARRY O'NEILL	438 CONNECTICUT AVE VIAdd				
		SAIN'T CLOUD FL 34769 Remove				
* I HA	VEA CHANGE OF ADD	RESS. FOR KEITH ONEILL #,				
MER	KEITH ONEILL	438 CONNECTICUT AVE VAdd				
		SAINT CLOUD FL 34769 Remove				
		Add				
		Remove				
		Add				
		Remove				
		Add				
		Remove				
<del></del>		Add				
		Remove				

Filing Fee: \$25.00