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(Requestor's Name)						
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(City/State/Zip/Phone #)						
PICK-UP WAIT MAIL						
(Business Entity Name)						
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(Document Number)						
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G. MCLEOD

AUG 13 2008

**EXAMINER** 



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08/07/08--01015--006 \*\*25.00

08 AUG 12 PH 3: 48

## **COVER LETTER**

TO: Registration Sec Division of Corp							
SUBJECT: Camp		mleun Duel opers Led Liability Company)	rc				
The enclosed Articles of Amendment and fee(s) are submitted for filing.							
Please return all correspondence concerning this matter to the following:							
		He Caponi (Name of Persoh)					
	G	astion Inc. (Firm/Company)					
	12305	South Dixie Huy	· 				
	Uiani	(City/State and Zip Code)	·				
For further information concerning this matter, please call:							
Corlos f	enfecula Person)	at ( <u>305) 255- 419</u> (Area Code & Daytime To	15 elephone 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



Campbe	11 Drive 4	<u>etroleu</u>	nseulo	pers
(Name of the Limited (A	Liability Company Florida Limited Li	y as it now appear ability Company)	<u>rs on our records.</u> )	•
The Articles of Organization for this Limited Lia	ability Company v	were filed on	8/16/2005	and assigned
Florida document number L 05000810				
This amendment is submitted to amend the follo	wing:			
A. If amending name, enter the new name of	the limited liabil	ity company her	<u>re</u> :	
The new name must be distinguishable and end with "L.L.C."	the words "Limite	ed Liability Compa	any," the designation	"LLC" or the abbreviation
Enter new principal offices address, if applica	ble:			
(Principal office address MUST BE A STREET	( ADDRESS)			
				····
Enter new mailing address, if applicable:				,
Enter new manning address, it applicable. (Mailing address MAY BE A POST OFFICE E	BOX)			
	1			
B. If amending the registered agent and/o registered agent and/or the new registered off			our records, <u>enter</u>	the name of the new
Name of New Registered Agent:	_ Dan	iela for	Hecilla	
New Registered Office Address:	1230	5 South	Dixie Huy nter Florida street d	ddrass
•	W	iani	mier rioriaa sireei a , Florida _	33156
	`	(City)	<del></del> -	(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> Name <u>Address</u> **Type of Action** Warren? MGR 405W 150 Drive ☐ Add Remove ☐ Add Remove Add Remove ☐ Add Remove 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 Typed or printed name of signee

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Filing Fee: \$25.00