L05000091246

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(City/State/Zip/Phone #)
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S. HAWKES NOV 2 5 2009 EXAMINER

COVER LETTER

TO:	Registration S Division of Co			
SUBJECT: Cobblesto			one Corners, LLC	
5020		Name of Lim	ited Liability Company	
The en	closed Articles o	of Amendment and fee(s) are sul	bmitted for filing.	
Please	return all corresp	oondence concerning this matter	r to the following:	
			Robert Morgan	
			Name of Person	
		Robert M.	Morgan and Associate	s, P.A.
			Firm/Company	
12428 San 、		28 San Jose Blvd Suite	1	
	Address			
		Jac	cksonville Florida 32223	
· City/State and Zip Code			,	
		rmorga E-mail address: (an@robertmorganlaw.co	om
For fur	ther information	concerning this matter, please of	·	
		oert M. Morgan	at (_904_)	854-0410
	Name	of Person	Area Code & Da	aytime Telephone Number
Enclos	ed is a check for	the following amount:		
\$25	5.00 Filing Fee	\$30.00 Filing Fee & Certificate of Status	\$55.00 Filing Fee & Certified Copy (additional copy is encl	S60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed
	Regis Divis P.O. I	LING ADDRESS: tration Section ion of Corporations Box 6327 nassee, FL 32314	Registration S Division of Co Clifton Buildi	orporations ng ve Center Circle

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION **OF**

Cobblestone Corners, LLC
(Name of the Limited Liability Company as it now appears on our records.) (A Florida Limited Liability Company)
The Articles of Organization for this Limited Liability Company were filed on and assigned and assigned
Florida document numberL05000091246
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 "LLO" of the abreviant "L.L.C."
Enter new principal offices address, if applicable:
(Principal office address MUST BE A STREET ADDRESS)
Enter new mailing address, if applicable: (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 ne registered agent and/or the new registered office address here:
Name of New Registered Agent:
New Registered Office Address: Enter Florida street address
City Florida 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

MGR = Ma MGRM = N	nager Aanaging Member		
<u> Fitle</u>	<u>Name</u>	Address	Type of Actio
MGRM	FARHAT, SAMIR	3132 JULINGTON CREEK JACKSONVILLE FL 32223	RD Add
<u> </u>	· · · · · · · · · · · · · · · · · · ·		PS AM
			22 SAdd
			Remove
			Add
			Remove
			Add
			
). If amend	ling any other information, enter	change(s) here: (Attach additional sheets,	if necessary.)
-			<u>.</u>
	·		·····
_	•		
Dated	November 23	- 2009 .	
		ember or authorized representative of a member	

Page 2 of 2

Filing Fee: \$25.00