105000108954

(Requestor's Name)					
(Address)					
(Address)					
(City/State/Zip/Phone #)					
PICK-UP WAIT MAIL					
(Business Entity Name)					
(Document Number)					
Certified Copies Certificates of Status					
Special Instructions to Filing Officer:					

Office Use Only



800156069268

05/22/09--01017--024 **25.00

09 MAY 22 AM II: 43
SECRETARY OF STATE

D. BRUCE

MAY 26 2009

EXAMINER

COVER LETTER

TO:	Registration S Division of Co			
SUBJI				
			CS LAND, LLC ited Liability Company	
The en	closed Articles o	f Amendment and fee(s) are sul	omitted for filing.	
Please	return all corresp	oondence concerning this matter	to the following:	
CHARLES C. STALLWORTH Name of Person				
			Firm/Company	
4352 AVALON BLVD				
			Address	=
	MILTON, FL 32583			
			City/State and Zip Code	O9 MAY 22 SECRETARY ALLAHASSE
For fur	ther information	E-mail address: (to be used for future annual report notification)	m _o » m
				OF STATE FLORIDA
		S C. STALLWORTH of Person	at (850) 712-76 Area Code & Daytime Telepho	
Enclos	ed is a check for	the following amount:		
\$25	6.00 Filing Fee	\$30.00 Filing Fee & Certificate of Status	S55.00 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		tration Section ion of Corporations Box 6327	STREET/COURIER ADI Registration Section Division of Corporations Clifton Building 2661 Executive Center Circ Tallahassee, FL 32301	

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

PC & CCS I	LAND, LLS	
(Name of the Limited Liability Compa (A Florida Limited l	iny as it now appears on our record Liability Company)	<u>ds.</u>)
The Articles of Organization for this Limited Liability Company	were filed on NOVEMBER 0	9, 2005 and assigned
Florida document numberL05000108954		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liab	oility company here:	
The new name must be distinguishable and end with the words "Lim"L.L.C."	nited Liability Company," the design	ation "LLC" or the abbreviation
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDRESS)		
		A A T
		722 22 28 28 28
Enter new mailing address, if applicable:	4352 AVALON BLVD.	m _C
(Mailing address MAY BE A POST OFFICE BOX)	MILTON, FL 32583	FS T
	<u> </u>	AT E
		A
B. If amending the registered agent and/or registered o registered agent and/or the new registered office address he		enter the name of the nev
registered agent and/or the new registered office address no	<u>10</u> .	
Name of New Registered Agent:		
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida str	vant address
	Emer Fiorida sir	eei uuui ess
	, Flor	rida Zip Code
	Cuy	Zip Coue

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>	<u>Name</u>	Address	Type of Action		
			Add Remove		
			Add Remove		
			Add Remove		
			Add Remove		
D. If amend	ding any other information, enter chan	age(s) here: (Attach additional sheets, if neces	09 HAY 2 SECRETAR		
_			CED 2 MII: 44 2 F STATE FE. F STATE		
Dated	Me	er or authorized representative of a member			
	/ harles CI	Syallusor Had or printed name of signee			

Page 2 of 2

Filing Fee: \$25.00