

L0300011271

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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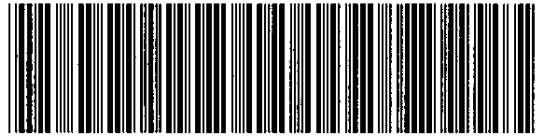
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
09 FEB 25 AM 11:33

T. HAMPTON

FEB 26 2009

EXAMINER

## COVER LETTER

**TO: Registration Section  
Division of Corporations**

**SUBJECT: CARR ROAD, LLC n/k/a DOVER ROAD, LLC**  
(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:

Camelia V. Riggins

(Name of Person)

Carr Road, LLC

(Firm/Company)

4906 Sapphire Sound Dr.

(Address)

Wimauma, FL 33598

(City/State and Zip Code)

For further information concerning this matter, please call:

Camelia V. Riggins

(Name of Person)

at ( 813 ) 681-9217

(Area Code & Daytime Telephone 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  
OF**

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
09 FEB 25 AM 11:33

DOVER ROAD, 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 November 17, 2005 and assigned  
Florida document number L05000111271

This amendment is submitted to amend the following:

**A. If amending name, enter the new name of the limited liability company here:**

CARR ROAD, LLC

The new name must be distinguishable and end with the words "Limited Liability Company," the designation "LLC" or the abbreviation "LLC."

Enter new principal offices address, if applicable:

4906 Sapphire Sound Dr.

(Principal office address MUST BE A STREET ADDRESS)

Wimauma, FL 33598

Enter new mailing address, if applicable:

4906 Sapphire Sound Dr.

(Mailing address MAY BE A POST OFFICE BOX)

Wimauma, FL 33598

**B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here:**

Name of New Registered Agent:

Camelia V. Riggins

New Registered Office Address:

4906 Sapphire Sound Dr.

(Enter Florida street address)

Wimauma

(City)

, Florida 33598

(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>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGRM	Mary L. Freeman	5410 Endeavour Ave. Dover, FL 33527	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
MGRM	Camella V. Riggins	4906 Sapphire Sound Dr. Wimauma, FL 33598	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
MGRM	Christina M. Edwards	218 Taylor Bay Ln. Brandon, FL 33510	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
MGRM	Michael D. Lawrence	8808 Eagle Watch Dr. Riverview, FL 33569	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove

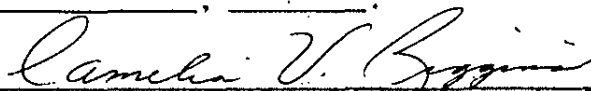
D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

09 FEB 25 AM 11:33

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

Dated \_\_\_\_\_



Signature of a member or authorized representative of a member

\_\_\_\_\_  
Typed or printed name of signee