## L05000119588

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SECRETARY OF STATE DIVISION OF CORPORATION

T. HAMPTON

OCT \$ 1 2000

EXAMINER

## **COVER LETTER**

	egistration Section vision of Corporations
SUBJECT	Name of Limited Liability Company
The enclose	ed Articles of Amendment and fee(s) are submitted for filing.
Please retur	n all correspondence concerning this matter to the following:
	LESLIE RUSSO BOSTICK
	Name of Person
	Firm/Company
	7576 COR DOBA CIRCLE Address
	NAPUES, FL 34109 City/State and Zip Code
	RRUSSOC LOCKWOOD. COM  E-mail address: (to be used for future annual report notification)
For further	information concerning this matter, please call:
LE	Name of Person  Area Code & Douting Telephone Number
	Name of Person Area Code & Daytime Telephone Number
Enclosed is	a check for the following amount:
\$25.00	Filing Fee \$\ \text{Certificate of Status} \text{S55.00 Filing Fee & Certificate of Status & Certificate of Status & Certified Copy (additional copy is enclosed)} \text{S60.00 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

RUSSO FAMILY	1 LIMITE	ED WABILITY	Co:	
		mpany as it now appears of ted Liability Company)		<u></u>
The Articles of Organization for this Limited Florida document number 1050001195	Liability Comp	pany were filed on/2_	<u>/13/2005                                   </u>	SECRETARY IVISMIN OF C
This amendment is submitted to amend the fo	ollowing:			ORPORAH
A. If amending name, enter the new name	of the limited	liability company here:		ANTE
The new name must be distinguishable and end v				NS
The new name must be distinguishable and end v "L.L.C."	with the words "	Limited Liability Company,	" the designation "LI	.C" or the abbreviation
Enter new principal offices address, if appl	iicable:	NA	· · · · · · · · · · · · · · · · · · ·	
(Principal office address MUST BE A STRE	EET ADDRES.	<u>s)</u> '		
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFIC	E BOX)	N/A		
B. If amending the registered agent and registered agent and/or the new registered			records, enter th	e name of the new
Name of New Registered Agent:	NA			
New Registered Office Address:		T.	Diantila non a 11	
		Enter Florida street address		
			, Florida	
		Citv		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 = N	Managing Member		
<u>Title</u>	<u>Name</u>	Address	Type of Action
MGRM	LESLIE R. BOSTICK	7516 CORDOBA CIRCLE NAPULS, FL 34109	Add Remove
MGRM	GEORGE BOSTICK	7516 CORDOBA CIRCLE NAMES, FI 34109	Add Remove
	- <del></del>		Add Remove
			Add Remove
			Add Remove
	<u></u>		Add Remove
D. If amend	ding any other information, enter chang	ge(s) here: (Attach additional sheets, if necessary.)	SECRETARY OF STATE OF CORPORATION OF CORPORATION
Dated	, , , , , , , , , , , , , , , , , , , ,		<b>v</b> ĵ.
	RON	PUSSO d or printed name of signee	the section of the se

Page 2 of 2

Filing Fee: \$25.00