

LD6000017380

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

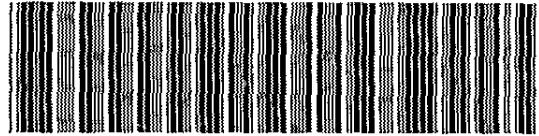
(Business Entity Name)

(Document Number)

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DIVISION OF REGISTRATIONS
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COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Charlie Shoemaker, 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:

Charlie Shoemaker
(Name of Person)

Charlie Shoemaker, LLC
(Firm/Company)

5495 Old Spanish Trail
(Address)

Lantana, FL 33462
(City/State and Zip Code)

For further information concerning this matter, please call:

Charlie Shoemaker at (561) 703-2894
(Name of Person) (Area Code & Daytime Telephone Number)

Enclosed is a check for the following amount:

- | | | | |
|--|--|--|--|
| <input checked="" type="checkbox"/> \$25.00 Filing Fee | <input type="checkbox"/> \$30.00 Filing Fee &
Certificate of Status | <input type="checkbox"/> \$55.00 Filing Fee &
Certified Copy
(additional copy is enclosed) | <input type="checkbox"/> \$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

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

Charlie Shoemaker, LLC

(Present Name)
(A Florida Limited Liability Company)

FIRST: The Articles of Organization were filed on 02/16/06 and assigned
document number L06000017380.

SECOND: This amendment is submitted to amend the following:

Article II

The street address of the principal office of the Limited Liability Company is:

5495 Old Spanish Trail

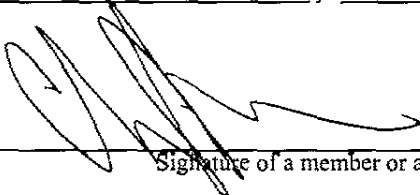
Lantana, FL 33462

The mailing address of the Limited Liability Company is:

5495 Old Spanish Trail

Lantana, FL 33462

Dated July 13, 2006



Signature of a member or authorized representative of a member

Charlie Shoemaker

Typed or printed name of signee

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Filing Fee: \$25.00