L06000025924

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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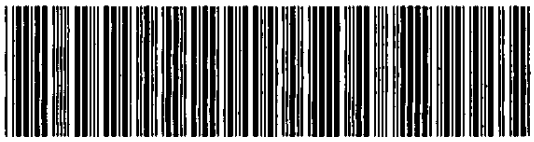
APR 14 2010

EXAMINER



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FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
10 APR 13 PM 4:02

LAW OFFICES OF
DAVID W. GRIFFIN, P.A.
ATTORNEY AND COUNSELOR AT LAW
www.davidwgriffin.net
honest.lawyer@gte.net
THE TOWN CENTRE
565 SOUTH DUNCAN AVENUE
CLEARWATER, FLORIDA
33756

TELE (727) 466-6900

FAX (727) 466-9777

April 12, 2010

Florida Department of State
Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

RE: MULLET CREEK FINANCIAL, L.L.C. TO CERVELLO TECHNOLOGIES, L.L.C.
ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION
#29,558

Dear Sir or Madam:

Enclosed herewith for filing is the Articles of Amendment of Articles of Organization for the above-referenced Florida corporation. Also enclosed is our trust account check in the amount of $60.00 for the filing fee and an extra copy of the filing.

Please return a certificate of status and certified copy to our office in the enclosed envelope. Thank you for your assistance in this regard. Please call if you need additional information.

Sincerely,

DAVID W. GRIFFIN

ljj/enc.

COVER LETTER

TO: **Registration Section**
Division of Corporations

SUBJECT: MULLET CREEK FINANCIAL, L.L.C.
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:

DAVID W. GRIFFIN, ESQUIRE
Name of Person

DAVID W. GRIFFIN, P.A.
Firm/Company

565 SOUTH DUNCAN AVENUE
Address

CLEARWATER, FL 33756
City/State and Zip Code

honest.lawyer@gte.net
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

David W. Griffin at (727) 466-6900
Name of Person — 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
10 APR 13 PM 4:02

MULLET CREEK FINANCIAL, L.L.C.
(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 3/10/2006 and assigned Florida document number L06000025924.

This amendment is submitted to amend the following:

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

CERVELLO TECHNOLOGIES, L.L.C.

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

Enter new principal offices address, if applicable:
(Principal office address MUST BE A STREET ADDRESS)

1300 EAST 8TH AVENUE, THIRD FLOOR
TAMPA, FL 33605

Enter new mailing address, if applicable:
(Mailing address MAY BE A POST OFFICE BOX)

1300 EAST 8TH AVENUE, THIRD FLOOR
TAMPA, FL 33605

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: _____

New Registered Office Address: _____
Enter Florida street address

_____, **Florida** _____
City *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

Title	Name	Address	Type of Action
MGRM	Charles M. Goddard	1300 East 8th Avenue Third Floor Tampa, FL 33605	☑ Add ☐ Remove
MGRM	Christopher D. Goddard	1300 East 8th Avenue Third Floor Tampa, FL 33605	☑ Add ☐ Remove
MGRM	John H. Mahan	295 6th Street North Safety Harbor, FL 34695	☐ Add ☑ Remove
MGRM	John H. Mahan	1300 East 8th Avenue Third Floor Tampa, FL 33605	☑ Add ☐ Remove
			☐ Add ☐ Remove
			☐ Add ☐ Remove

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

Dated April 12, 2010.

John H Mahan
Signature of a member or authorized representative of a member

John H. Mahan, MGRM
Typed or printed name of signee

Filing Fee: $25.00