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SECRETARY OF STATE
AN LAHASSEE. FLORID.

M. THOMAS

OCF 27 2009

**EXAMINER** 

## **COVER LETTER**

TO: Registration S Division of Co			
SUBJECT:	SF ON INT	DIAN CREEK LL	٠.
SUBJECT:		ited Liability Company	
The enclosed Articles of	Amendment and fee(s) are su	bmitted for filing.	
Please return all correspondent	ondence concerning this matte	r to the following:	
	Paul	Buechele Name of Person	
		Name of Person	<del></del>
	PAUL	BUECHELE, P.A. Firm/Company	
			TAS S
	6350 P	inetree Dr.	ES SO
		Address	5727
	MIAMI	Beach, FL 33141	TALLAHASSEE. FLORID
	Ceun Bas	Beach, FL 33141 City/State and Zip Code Ol. Com	FLORE THE COLUMN
		(to be used for future annual report notification)	Right <b>8</b>
For further information	concerning this matter, please	call:	ν
Paul Brech	م) م	30C B01-80CD	
<del></del>	of Person	at (305) 803-8357  Area Code & Daytime Telepho	one Number
		•	
Enclosed is a check for t	he following amount:		
\$25.00 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)
Regist Divisio P.O. B	JING ADDRESS: ration Section on of Corporations lox 6327 assee, FL 32314	STREET/COURIER AD Registration Section Division of Corporations Clifton Building 2661 Executive Center Circ Tallahassee, FL 32301	

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

C & F ON INDIAN C	REEK	LLC	
( <u>Name of the Limited Liability Comp</u> (A Florida Limited	pany as it now ap Liability Compa	pears on our reco	rds.)
The Articles of Organization for this Limited Liability Compar Florida document number 262025731 LOG-40450	ny were filed on	4/19/2	2006 and assigned
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited lia	bility company	here:	
The new name must be distinguishable and end with the words "Lin"L.L.C."	mited Liability Co	ompany," the desig	nation "LLC" or the abbreviation
Enter new principal offices address, if applicable:			- CS 8
(Principal office address MUST BE A STREET ADDRESS)  Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)			SSEE, FLORIDE SSEE, FLORIDE
B. If amending the registered agent and/or registered or registered agent and/or the new registered office address he		on our records,	enter the name of the new
	<u></u> -		<i>j</i>
Name of New Registered Agent:			
New Registered Office Address:		Enter Florida-st	reet address
	<u> </u>	, Flo	rida Zip Code
	∠City ⊤		<b>гър</b> Соае

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 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** 6350 Pinetree Dr. Add ☐ Remove ☐ Add Remove ∐ Add Remove Add Remove D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) Signature of a member of authorized representative of a member Typed or printed name of signee

Page 2 of 2

Filing Fee: \$25.00