

LD000052822

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

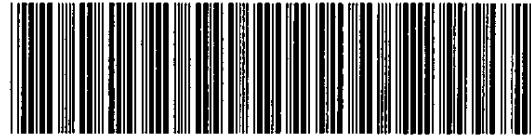
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Office Use Only



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06/09/08--01016--001 \*\*25.00

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATION  
08 JUN 19 AM 10:40

*Reject*  
*"Corp" in name*

G. MCLEOD

JUN 20 2008

EXAMINER



*Commonwealth Development of Florida, LLC*

June 6, 2008

Registration Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

**Re: Amendment to change name of LLC**

Dear Registration office;

Please find enclosed our Articles of Amendment to Articles of Organization to change our name from:

**CommonWealth Center West, LLC to  
CommonWealth Acquisitions Corp., LLC**

If you have any questions, please feel free to contact me.

Sincerely,

*Mary Clark*

Mary Clark  
Office Manager

## COVER LETTER

**TO: Registration Section  
Division of Corporations**

**SUBJECT: COMMONWEALTH CENTER WEST, 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:

TIM H. SAFRANSKY

(Name of Person)

COMMONWEALTH DEVELOPMENT OF FLORIDA, LLC

(Firm/Company)

13031 W. LINEBAUGH AVE. SUITE 102

(Address)

TAMPA, FL 33626

(City/State and Zip Code)

For further information concerning this matter, please call:

MARY CLARK

(Name of Person)

at ( 813 ) 901-0140

(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 &<br>Certificate of Status | <input type="checkbox"/> \$55.00 Filing Fee &<br>Certified Copy<br>(additional copy is enclosed) | <input type="checkbox"/> \$60.00 Filing Fee,<br>Certificate of Status &<br>Certified Copy<br>(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

## Page 1 of 2

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>
			<input type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove
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			<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.)*

\_\_\_\_\_

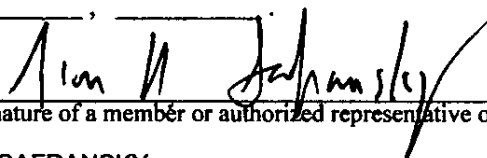
\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Dated \_\_\_\_\_,



Signature of a member or authorized representative of a member

TIM H. SAFRANSKY

Typed or printed name of signee