L06000072534

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EXAMINER

900240339889

900240339889
10/08/12--01037--001 **30.00

FILED
12 OCT -8 PM 4:07
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

COVER LETTER

TO: **Registration Section**
Division of Corporations

SUBJECT: CHRISTOPHER BROTHERS, LLC
Name of Limited Liability Company

FILED
12 OCT -8 PM 4:07
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

ASHLEY R. WREN, ESQUIRE
Name of Person

ASHLEY R. WREN, P.A.
Firm/Company

2123 ART MUSEUM DRIVE
Address

JACKSONVILLE, FL 32207
City/State and Zip Code

ARW@ASHLEYWREN.COM
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

ASHLEY R. WREN at (904) 425-0038
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

CHRISTOPHER BROTHERS, LLC

(Name of the Limited Liability Company as it now appears on our records)

(A Florida Limited Liability Company)

FILED
12 OCT -8 PM 4:07
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

The Articles of Organization for this Limited Liability Company were filed on 07/20/2006 and assigned Florida document number L06000072530.

This amendment is submitted to amend the following:

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

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)

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

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
MGR	MICHAEL G. O'KEEFE	1716 HARPER STREET JACKSONVILLE, FL 32204	☐ Add ☑ Remove
MGR	LINDSAY L. ALBERT	1935 PEACHTREE ROAD BETHLEHEM, PA 10815	☑ Add ☐ Remove
			☐ Add ☐ Remove
			☐ Add ☐ Remove
			☐ Add ☐ Remove
			☐ Add ☐ Remove

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

Dated SEPTEMBER 18 2012

Signature of a member or authorized representative of a member

MICHAEL G. O'KEEFE
Typed or printed name of signee

Filing Fee: $25.00

ASHLEY R. WREN, P.A.
Attorney at Law
P.O. Box 23175
Jacksonville, FL 32241

Telephone: (904) 425-0038 Facsimile: (904) 296-9234

www.ashleywren.com

WORKERS' COMPENSATION - SOCIAL SECURITY DISABILITY - BANKRUPTCIES - AUTO ACCIDENTS - TRAFFIC CITATIONS

October 1, 2012

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

Dear Sir/Madam:

Enclosed please find a check in the amount of $30.00 for the filing fee and Certificate of Status in the Christopher Brothers, LLC.

Should you have any questions regarding this matter, please feel free to contact my office at any time.

Sincerely,

Ashley R. Wren, Esquire

ARW/erl
enclosure