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(Re	equestor's Name)	
(Ad	ldress)	
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(Ci	ty/State/Zip/Phone	<del>;</del> #)
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## **COVER LETTER**

	gistration Sec vision of Corp			
SUBJECT:		STREET NORTH, L L C		
SUBJECT		Name of Limit	ted Liability Company	
The enclose	d Articles of A	Amendment and fee(s) are subn	nitted for filing.	
Please return	n all correspor	idence concerning this matter t	o the following:	
			DONNA ROBBINS	
		***************************************	Name of Person	
		BUSIN	NESS SERVICE SYSTEMS PA	
		·	Firm/Company	
		6600 4	TH STREET N, STE 101	
			Address	
		ST PÉ	TERSBURG, FL 33702	
		· · ·	City/State and Zip Code	
			/EBERCPA@AOL.COM	
		E-mail address: (to	o be used for future annual report notifi	cation)
For further i	information co	ncerning this matter, please ca	11:	
DONNA ROBBINS		727 520-8652 at ()		
	Name of	Person		Telephone Number
Enclosed is	a check for the	e following amount:		
□ \$25.00 l	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

6600 - 4TH STREET I	•	
( <u>Name of the Limited Liability (</u> (A Florida Li	Company as it now appears on our records.) mited Liability Company)	
The Articles of Organization for this Limited Liability Com- Florida document number	npany were filed on 09/19/06	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited	d liability company here:	
The new name must be distinguishable and contain the words "Limited	Liability Company," the designation "LLC"	or the appreviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDRESS	<u> </u>	
		<b>是级 5</b>
Enter new mailing address, if applicable:		S
(Mailing address MAY BE A POST OFFICE BOX)		ASS.
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	•	$\mathbb{P}_{G} = \mathbb{O}$
B. If amending the registered agent and/or register	ed office address on our records,	enter the fame of the ne
registered agent and/or the new registered office address	s here:	17 To
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street address	
	. Flor	ida
	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 605, 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 Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added or removed from our records:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
MGRM	THOMAS FROST	6600 4TH STREET N, STE. 101	Add
		ST PETERSBURG, FL 33702	■ Remove
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			Add
			□ Remove
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an effective Note: If the	date is listed, the date date inserted in the effective date on	te must be spe his block doe	cific and ca es not mee	nnot be price t the appli	cable statu		than 90 days	s after filin	g.) Pursu		
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Filing Fee: \$25.00