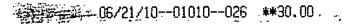
# LD6000107288

(Re	equestor's Name)	
(Ad	ldress)	· 
. (Ad	ldress)	
(Cit	ty/State/Zip/Phon	e #)
PICK-UP	WAIT	MAIL
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(Do	ocument Number)	
Certified Copies	_ Certificates	s of Status
Special Instructions to	Filing Officer:	

Office Use Only



400181462474





C. LEWIS

JUN 2 2 2010

EXAMINER

### **COVER LETTER**

TO: Registration Section Division of Corporation		
SUBJECT! Cook	Services - Work Name of Limited Liability Company	LLC
	•	
The enclosed Articles of An	endment and fee(s) are submitted for filing.	
Please return all corresponde	ence concerning this matter to the following:	
	Candis Mulconeu Name of Person	<del>)</del>
•	Firm/Company	
	4098 Braxton Rd. Address	·
	Chantilly JA 2015 City/State and Zip Code	5
-	E-mail address: (to be used for future annual	report notification)
For further information cond	erning this matter, please call:	
Candis Mu Name of Po	rson at (561) S	e & Daytime Telephone Number
Enclosed is a check for the f		& \$60.00 Filing Fee,
\$25,00 Filing Fee _ \$	Certificate of Status  Certificate Of Status  Certified Copy (additional copy)	Certificate of Status &

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

2010 JUN 24 PM B 41

	City	t	, Florida _	Zip Code	
	Enter Florida street address				
New Registered Office Address:	•	T 1	<u>.</u>		
Name of New Registered Agent:	<u> </u>				
				•	, .
If amending the registered agent and/or registered istered agent and/or the new registered office address he		iress on our re	cords, <u>enter</u>	the name o	f the ne
	_	<u> </u>			
alling address MAY BE A POST OFFICE BOX)		·			
ter new mailing address, if applicable:					
incipal office address MUST BE A STREET ADDRESS)					
ter new principal offices address, if applicable:					
L.C."	illited Liab	inty Company, u	ic designation	LLC of the a	tooi eviati
new name must be distinguishable and end with the words "Lin	mitad Light	ility Company " th	a decimation	"I I C" or the s	hhreviatio
If amending name, enter the new name of the limited lis	ability con	npany here:			
s amendment is submitted to amend the following:					
		•			
rida document number <u>L 0 6000 10 7288</u>					
Articles of Organization for this Limited Liability Compar	ny were fil	ed on	, - 8Cp	and ass	igned
(Name of the Limited Liability Com. (A Florida Limited	d Liability (	Company)			

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 <u>Name</u> **Type of Action** <u>Address</u> ⊠ Add □ Remove Remove 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 or authorized representative of a member

Page 2 of 2

Filing Fee: \$25.00

Typed or printed name of signee