## L06000111485

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J. BRYAN

OCT -5.2010

**EXAMINER** 

## **COVER LETTER**

TO: Registration S Division of Co		,	
SUBJECT: McIn		anasides, Eleff and Hoffm ted Liability Company	nan P.L.
The enclosed Articles o	f Amendment and fee(s) are sub	omitted for filing.	
Please return all corresp	ondence concerning this matter	to the following:	
		Terri Johnson Name of Person	
	McIntyre Panzare	ella Thanasides Eleff and Hof Firm/Company	ffman PL
	6943 E Fowler Ave		<del></del>
		Address Tampa, FL 33617	BI -
	E-mail address:	City/State and Zip Code  rri@mcintyrefirm.com  to be used for future annual report notifica	FILED OCT -4 PH 3: 29 ALLAHASSEE, FLORIDA
For further information	concerning this matter, please of	·	tion) FLORIUA
	erri Johnson of Person	at ( 813 ) 89  Area Code & Daytime T	99-6059 Telephone Number
Enclosed is a check for \$25.00 Filing Fee	the following amount:  \$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)
MAII	LINC ADDRESS:	STREET/COURIE	R ADDRESS:

TO:

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

Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

McIntyre Panzarella Thanasides Eleff and Hoffman PL

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

(A Florida Limited Liability Company)

The Articles of Organization fo	r this Limited Liability Compar	ny were filed on	11/16/2006	and assigned
Florida document number	L06000111485			
This amendment is submitted to	amend the following:			
A. If amending name, enter t	he new name of the limited lis	ability company here	:	
	e, Panzarella, Thanasides			
The new name must be distinguis "L.L.C."	hable and end with the words "Li	mited Liability Compan	y," the designation "L	LC" or the abbreviation
Enter new principal offices ac	ldress, if applicable:			
(Principal office address MUS	T BE A STREET ADDRESS)			<del></del>
Enter new mailing address, if (Mailing address MAY BE A F				10 OCT -4 PM
B. If amending the register registered agent and/or the no	red agent and/or registered ew registered office address h	office address on or ere:	ur records, <u>enter t</u>	
Name of New Registe	red Agent:			<u> </u>
New Registered Offic	e Address:	Ente	er Florida street add	ress
		, 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 amending the Managers or Managing Members on our records, <u>enter the title, name, and address of each Manager or Managing Member being added or removed from our records</u>:

MGR = I	Manager = Managing Member		
<u>Title</u>	<u>Name</u>	Address	Type of Action
<del></del>			Add Remove
			Add Remove
			Add Remove
			Add Remove
			Add Add Resource
***			Add L. T. Remove
D. If am	ending any other information, enter change(s	) here: (Attach additional sheets, if necessary.)	PN 3: 29
			_ _
	(1/20/10)		<del></del>
Dated	9/30/10	<u>^</u> .	
	Richard J. McInty	printed name of signee	
	<u> </u>	Page 2 of 2	

Filing Fee: \$25.00