

LO 7000005527

(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:

A. LUNT

SEP - 5 2008

EXAMINER

Office Use Only



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09/04/08--01015--019 **25.00

2008 SEP - 4 P 4: 13
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FILED

A & A Casual Closings, LLC

397 Interstate Blvd.

Sarasota, FL 34240

Telephone: 239.910.6126 Facsimile: 800.211.0453

August 28, 2008

Florida Department of State
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Regarding: Articles of Amendment to A & A CASUAL CLOSINGS,

Dear Clerk:

Enclosed please find an original Articles of Amendment for filing for the above referenced company, together with the necessary filing fee in the amount of \$25.00.

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

Very truly yours,



Jeanette B. Goff

Enclosures

2008 SEP -4 P 4: 13
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FILED

**ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF**

As A Casual Closings, LLC

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

The Articles of Organization for this Limited Liability Company were filed on 11/10/2007 and assigned
Florida document number L07000000 5527.

This amendment is submitted to amend the following:

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

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)

397 Interstate Blvd.
Sarasota, FL 34240

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

397 Interstate Blvd.
Sarasota, FL 34240

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:

Jeanette B. Goff

New Registered Office Address:

397 Interstate Blvd.

(Enter Florida street address)

Sarasota

(City)

Florida

34240

(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:

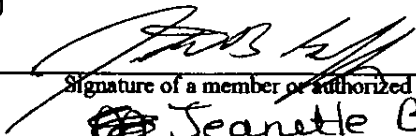
MGR = Manager
MGRM = Managing Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGRM	Jeanette B. Goff	397 Interstate Blvd. Sarasota, FL 34240	<input type="checkbox"/> Add <input type="checkbox"/> Remove <input checked="" type="checkbox"/> <i>Change Address</i>
			<input type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove
			<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.)*

None

Dated August 28, 2008



 Signature of a member or authorized representative of a member
~~JEANETTE~~ Jeanette B. Goff, Managing Member

 Typed or printed name of signee