# 6700017951

	(Reques	stor's Nam	e)	
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,	(City/Sta	ate/Zip/Pho	one #)	
PICK-UF	° [	WAIT		1AIL
	(Busine	ss Entity N	ame)	-
<u> </u>	(Docum	ent Numbe	er) :	<u> </u>
Certified Copies		Certificat	tes of Status	•
Special Instructions	to Filin	g Officer:		

Office Use Only



10/14/09--01009--004 \*\*25.00





# **COVER LETTER**



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

Please return all correspondence concerning this matter to the following:



For further information concerning this matter, please call:

at (BSO) 12 • 543 - 3700 Name of Person Arca Code & Daytimo Telephone Number

Certificate of Status

Enclosed is a check for the following amount:



\$55.00 Filing Fee & Certified Copy (additional copy is enclosed) **\$60.00 Filing Fee**, Certificate of Status & Certified Copy (additional copy is enclosed)

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MAILING ADDRESS: **Registration Section** Division of Corporations P.O. Box 6327 Taliahassee, FL 32314

### STREET/COURIER ADDRESS:

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

	ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF	
	(Name of the Lindig Lindig Company as it now appears on our records.) (A Florids Limited Lindig Company)	
The Articles of Org	anization for this Limited Liability Company were filed on $\frac{11/27/2007}{1000}$	_ and assigned
	submitted to amend the following:	•
A. If amending na	me, <u>enter the new name of the limited liability company here</u> :	
The new name must	be distinguishable and end with the words "Limited Liability Company," the designation "LLC	or the abbreviation
Enter new princip	al offices address, if applicable:	
(Principal office ad	dress MUST BE A STREET ADDRESS)	

Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)

B. If smending 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:	LEB A. Sacas			
New Registered Office Address:	105 ESTOS PLACE			
	Enter Florida street address			
	PANAMA UN BOAGE Florida.	32413		
	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.

It Changing Registered Agent, Signature of New Begistered Agent

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Page 1 of 2

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

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•

Title	Name	Address	Type of Action
<u>MGR</u>	BOB PARKS	1467 AVELLINO CIPCIE MURFICOESBORD, TN 37130	Add Remove
			Add Remove
<u> </u>			Add Remove
			Add
	·····		
	<u> </u>		
D. Ifamen 	ding any other information, enter	change(s) here: (Attach additional sheets, if necessary.	<b>)</b>
 Dated	·····		
<u> </u>	Signature of a n	tember of a member	
		Typed or printed name of signee	
		Page 2 of 2	
		Filing Fee: \$25.00	