## L070000 18862

(Requestor's Name)
(Address)
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(City/State/Zip/Phone #)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(======, ====,
(Danner Marchael
(Document Number)
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A. LUNT

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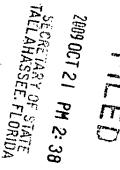
**EXAMINER** 

Office Use Only



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## **COVER LETTER**

TO: Registration Section Division of Corporations	•
SURJECT: Jeffrey + Michelle Coverprises  Name of Limited Liability Company	CLC
The enclosed Articles of Amendment and fee(s) are submitted for filing.	
Please return all correspondence concerning this matter to the following:	200 TAL
, Mame of Person	PILE PH 2
Firm/Company	2: 38
1110 01 1 -	Om &
Address SI	
City/State and Zip Code	2084
E-mail address: (to be used for future annual report notification)	_
For further information concerning this matter, please call:	
Name of Person	
Enclosed is a check for the following amount:	
(additional copy is enclosed) Certified	e of Status &
MALING ABDRESS: Registration Section Division of Corporations P.O. Boy 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

Name of the Limited Liability	hele Enterni	our records)
(Name of the Limited Liability (A Florida Li	mited Liability Company)	
The Articles of Organization for this Limited Liability Co.	mpany were filed on	-19-07 and assigned
Florida document number <u>L076000</u> 18		,
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limit	ed liability company here:	
The new name must be distinguishable and end with the words "L.L.C."	s "Limited Liability Company," (	
Enter new principal offices address, if applicable:		AHAS OCT 7
(Principal office address MUST BE A STREET ADDRE	ass)	SA N
		79 3 III
		2: 2: NAME
Enter new mailing address, if applicable:		38 10A
(Mailing address MAY BE A POST OFFICE BOX)		
B. If amending the registered agent and/or registered is agent and/or the new registered office address.		ecords, <u>enter the name of the new</u>
September 1 and 1	ss nere.	
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Fl	orida street address
		, 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, 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>	Name	<u>Address</u>	Type of Action
MSRM	muchelle D Kraft	448 Columbus St Stangustne FI 308	Add Memove)
MGAM	Medelle DKraft	5116 ATA South St. augustine E/	Add awy
MGRM	Muchalle D Kraft	or pobox 840117 5+augustree F1 30	Add. Add. Address
			Add Remove
***************************************			Add Remove
			Add Remove
D. If amendi	ing any other information, enter change	(s) here: (Attach additional sheets, if necessary.)	· ·
			<u> </u>
			<u> </u>
Dated	10/20.00 mallo	9.	
	michell	or authorized representative of a member or printed name of signee	·····
		Page 2 of 2	

Filing Fee: \$25.00