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	(Requestor's Name)
	(Address)
	(Address)
	(City/State/Zip/Phone #)
PICK-U	P WAIT MAIL
	(Business Entity Name)
	(Document Number)
Certified Copies	. Certificates of Status
Special Instructions	s to Filing Officer:
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SEP - 9 2009

EXAMINER

COVER LETTER

	Registration Section Division of Corporatio	ns			
SUBJEC	т.	Donohue 8	Associates LLC		
SOLULIC		Name of Limit	ed Liability Company		•
•					
The enclo	sed Articles of Amend	ment and fee(s) are sub	mitted for filing.		
Please ret	urn all correspondence	concerning this matter	to the following:		
			James R. Acosta		_
	Phonelade-Select-Po		Name of Person		-
		Donohue & Associates LLC			
Firm/Company				_	
	785 South Village Drive N #101				
	Address				_
St. Petersburg, FI 33716			6	SE COUNTY	
			City/State and Zip Code		
		JRAFLI9 E-mail address: (t	T @knology.net o be used for future annual rep	ort notification)	-8
For further	r information concerni	ng this matter, please c	all:		73 = 0
	James R.	Acosta	at (727)	244-9499	
	Name of Person		Area Code &	z Daytime Telephone Numb	er .
Enclosed	is a check for the follow	wing amount:			
\$25.00		0.00 Filing Fee & Certificate of Status	\$55.00 Filing Fee & Certified Copy (additional copy is e	Certific enclosed) Certific	Filing Fee, cate of Status & ed Copy onal copy is enclosed)
	MAILING A	DDRESS:	STREET/	COURIER ADDRESS:	

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

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

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

		<u> </u>				
(Name of the Limited (A	Liability Compa Florida Limited L	ny as it now appear .iability Company)	s on our records.)			
The Articles of Organization for this Limited Li	21988 Illowing: of the limited liability company here: with the words "Limited Liability Company," the designation "LLC licable: 785 South Village Dr. N #101 ETADDRESS) St. Petersburg, FL 33716 T85 South Village Dr. N #101 St. Petersburg, FL 33716 T85 South Village Dr. N #101 T85 South Village Dr. N #101 T85 South Village Dr. N #101 T85 South Village Dr. N #101	an	and assigned			
Florida document numberL07000021	988					
This amendment is submitted to amend the follo	owing:					
A. If amending name, enter the new name of	the limited liab	ility company her	<u>e</u> :			
The new name must be distinguishable and end wit 'L.L.C."	h the words "Limi	ited Liability Compa	ny," the designation	"LLC" oi	r the ab	breviation
Enter new principal offices address, if applic	able:	785 South Vil	lage Dr. N #101	en. 1	På)	
Principal office address MUST BE A STREE	T ADDRESS)	St. Petersburg	g, FL 33716	AT OF		
					SEP	2.1
				388	-8	A services
Enter new mailing address, if applicable:		785 South Vil	lage Dr. N #101	ATT TO	200	
Mailing address MAY BE A POST OFFICE					مونده در به از _{مورد} و م	
•			7	574	9	
B. If amending the registered agent and/oregistered agent and/or the new registered of	fice address her	<u>e</u> :	our records, <u>enter</u>	the na	me of	the new
Name of New Registered Agent:	James R. A	costa		<u>.</u>	, . ,	
New Registered Office Address:	785 South \	/illage Dr. N #10				
	Enter Florida street address					
	St.	Petersburg	, Florida _		3716	
		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 Changing Registered Agent, Signature of New Registered Agent

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 = Manager MGRM = Managing Member

<u>Title</u>	Name	Address	Type of Action
MGRM	James Acosta	785 South Village Dr. N #101 St. Petersburg, Fl. 33716	✓ Add Remove
MGR	Kevin Donohue	785 South Village DR. N #101 St. Petersburg, FL 33716	✓ Add ☐ Remove
MGR_	Kevin Donohue	4101 38th Way South St. Petersburg, FL 33711	Add ☑ Remove
			Add Remove
<u></u>			A&&
			Add Remove
D. If amen	ling any other information, enter	change(s) here: (Attach additional sheets, if necessa	ry.)
Dated	Signature of a	member or authorized representative of a member	
	'	Kevin Donohue	
		Typed or printed name of signee	-

Page 2 of 2

Filing Fee: \$25.00