

LD1000021d23

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP     WAIT     MAIL

(Business Entity Name)

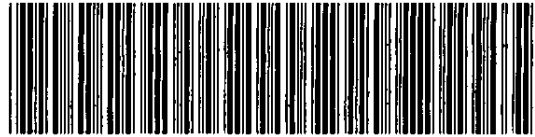
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**FILED**  
08 JUN 30 PM 2:40  
SECRETARY OF STATE  
TALLAHASSEE FLORIDA

## COVER LETTER

**TO: Registration Section  
Division of Corporations**

**SUBJECT: Adding of new Registersd agent and manager  
(Name of Limited Liability Company)**

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

Please return all correspondence concerning this matter to the following:

Joe Saladino

(Name of Person)

C and S Industries

(Firm/Company)

540 N HWY 434 Ste 145

(Address)

Altamonte Springs Fl, 32714

(City/State and Zip Code)

For further information concerning this matter, please call:

Nash Shulkoff

(Name of Person)

at ( 321 ) 220-4977

(Area Code & Daytime Telephone Number)

Enclosed is a check for the following amount:

\$25.00 Filing Fee

\$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)

**MAILING ADDRESS:**

Registration Section  
Division of Corporations  
P.O. Box 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**

C and S Industries 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 02/08/07 and assigned Florida document number LLC-5644879.

This amendment is submitted to amend the following:

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

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:

2707 LaurelWood lane

**(Principal office address MUST BE A STREET ADDRESS)**

Tallahassee Fl, 32712

Enter new mailing address, if applicable:

540 Hwy 434 Ste 145

**(Mailing address MAY BE A POST OFFICE BOX)**

Altamonte Springs Fl, 32714

**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:

Joe Saladino

New Registered Office Address:

540 Hwy 434 Ste 145

*(Enter Florida street address)*

Altamonte Springs Fl, 32714

*(City)*

Florida 32714

*(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.*

*(Signature of New Registered Agent)*

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08 JUN 30 2:00  
SECRETARY OF STATE  
TALLAHASSEE FLORIDA

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>
Manager	Joe Saladino	540 Hwy 434 Ste 145 Altamonte Springs FL 32714	<input checked="" type="checkbox"/> Add
			<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.)

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Dated 6/24/08



Signature of a member or authorized representative of a member

Nash Shulkoff

Typed or printed name of signer

SECRETARY OF STATE  
TALLAHASSEE FLORIDA

08 JUN 30 PM 2:00

FILED