## L070005/232

	(Requ	estor's Nam	ne)	
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•	(Addre	ess)		.,
	(City/s	State/Zip/Ph	one #)	
PICK-U	IP	☐ WAIT		MAIL .
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	· (Docu	ment Numb	er)	
Certified Copies	<del></del>	· Certifica	ites of Sta	tusi
Special Instruction	ıs to Fil	ing Officer:		

A. LUNT

JUL 24 2009

**EXAMINER** 

Office Use Only



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07/23/09-01042-004 \*\*\*30.00

09 JUL 23 PM 1: 4

Ruel & Heather Scott 14421 Lake Jessup Drive Jacksonville, FL 32258

July 17, 2009

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

Re: Caila Ventures LLC; Amendment: Registered Agent

Dear Sir / Madam:

Please see amendment to Registered Agent for Caila Ventures LLC. Thanks.

2009 JUL 23 PM 1: 44
SECRETARY OF STATE
TALLAHASSEE, FLORID

Sincerely,

Ruel Scott

Heather Scott

## **COVER LETTER**

TO: Registration S Division of C				
SUBJECT: Caila Vent	tures L. L. C			
	Name of Limi	ted Liability Company		
The enclosed Articles of	of Amendment and fee(s) are sub	omitted for filing.		
Please return all corres	pondence concerning this matter	to the following:		
-	Ruel or Heather Scott		······	
		Name of Person	700 7A	
•	Caila Ventures L. L. C.		ECRE	1
		Firm/Company	UL 23 I	_
	14421 Lake Jessup Drive		2009 JUL 23 PH 1: 44 SECRETARY OF STATE TALLAHASSEE. FLORID	n
		Address	FLO	כ
	Jacksonville, FL 32258		ATE	
		City/State and Zip Code		
	bizm@jaroc.net			
	E-mail address: (t	to be used for future annual report notification	on)	
For further information	concerning this matter, please c	all:		
	el Scott	at ( <u>904</u> ) 710-5437		
Name	of Person	Area Code & Daytime Tele	ephone Number	
Enclosed is a check for	the following amount:			
\$25.00 Filing Fee	\$30.00 Filing Fee & Certificate of Status	S55.00 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

·	Caila Ventures L. L. C		
(Name of the Limited	Liability Company as it no Florida Limited Liability Co	w appears on our records.) ompany)	
The Articles of Organization for this Limited L Florida document number L07000051232	iability Company were file	d on <u>May 14, 2007</u>	and assigned
This amendment is submitted to amend the foll	owing:		
A. If amending name, enter the new name o	f the limited liability com	pany here:	
The new name must be distinguishable and end wi "L.L.C."		ty Company," the designation "	LC" or the abbreviation
Enter new principal offices address, if applic			HASS
(Principal office address MUST BE A STREE	<u>(T ADDRESS)</u>		m-<
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE			P TO
B. If amending the registered agent and/ registered agent and/or the new registered of		ress on our records, enter	the name of the new
Name of New Registered Agent:	Ruel & Heather Scott	· · · · · · · · · · · · · · · · · · ·	
New Registered Office Address:	14421 Lake Jessup Drive		
		Enter Florida street ad	dress
	Jacksonville	, Florida	32258
	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, enter the title, name, and address of each Manager or Managing Member being added or removed from our records:

MGR = Manager

<u>Title</u>	nnaging Member <u>Name</u>	Address	Type of Action
	<del></del>		Add Remove
<del></del>			Add Remove
		TAL DE AHA	ר בו
		SSEE. FLOR	23d Part of State of
		A	Add Remove
			Add Remove
D. If amendi	ng any other information, enter chan	ge(s) here: (Attach additional sheets, if necessary.)	···
<del></del>			_
Dated July 14	2009		_
Dated	Weather	er or authorized representative of a member	
<b>-</b>	***	Heather Scott d or printed name of signee	

Page 2 of 2

Filing Fee: \$25.00