## 07000055177

| (Requestor's Name)                      |
|---|
| (Address)                               |
| (Address)                               |
| (City/State/Zip/Phone #)                |
| PICK-UP WAIT MAIL                       |
| (Business Entity Name)                  |
| (Document Number)                       |
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## **COVER LETTER**

| Division of  | Section<br>Corporations                 |                                  |   |
|--|---|----------------------------------|---|
| <sub>SUBJECT:</sub> Char   | nge of Managers                         |                                  |   |
|  |   | f Limited Liability Co           | mpany)  |
| Dear Sir or Madam:   |   |                                  |   |
| The enclosed Article   | s of Correction and fee(s) a            | re submitted for filing.         |   |
| Please return all corre  | espondence concerning this              | matter to the following          | g:  |
|  |   |                                  |   |
| <u>Shane P. Cr</u>   |   |                                  | _   |
|  | (Name of Person)                        |                                  |   |
| S P Cronin LL  |   |                                  | _   |
|  | (Firm/Company)                          |                                  |   |
| 21488 135 th [   |   |                                  | _   |
|  | (Address)                               |                                  |   |
| O Brien, Florid  | la. 32071                               |                                  |   |
|  | (City/State and Zip Code)               |                                  | _   |
| For further information  | on concerning this matter, p            | olease call:                     |   |
| Steve Cronin   |   | at (_386                         | 9656205   |
| (Na  | ime of Person)                          | (Area Code &                     | & Daytime Telephone Number)   |
| STREET/COURIE<br>Registration Section<br>Division of Corporat<br>Clifton Building<br>2661 Executive Cent<br>Tallahassee, Florida | ions<br>er Circle                       |                                  | MAILING ADDRESS:<br>Registration Section<br>Division of Corporations<br>P.O. Box 6327<br>Tallahassee, Florida 32314 |
| Enclosed is a check  | for the following amount:               |                                  |   |
| ☑ \$25 Filing Fee  | \$30 Filing Fee & Certificate of Status | \$55 Filing Fee & Certified Copy | ☐ \$60 Filing Fee,<br>Certificate of Status &<br>Certified Copy   |



## FLORIDA DEPARTMENT OF STATE Division of Corporations

October 19, 2007

SHANE P CRONIN 21488 135TH DR O'BRIEN, FL 32071

SUBJECT: S P CRONIN LLC Ref. Number: L07000055177

We have received your document for S P CRONIN LLC and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Because articles of correction must be submitted within 30 business days of the filed date, the enclosed document cannot be filed and is being returned to you.

We are enclosing the proper form(s) with instructions for your convenience.

Please return the corrected original and one copy of your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6855.

Tammy Hampton
Regulatory Specialist II
Registration/Qualification Section

Letter Number: 207A00061675

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

(Present Name)
(A Florida Limited Liability Company)

| FIRST:  | The Articles of Organization were filed on HAY 27, 200 and assigned document number 6070000 60/77. |          |             |
|---------|--|----------|-------------|
| SECOND: | This amendment is submitted to amend the following:  |          |             |
|         | Remove Mathew A Goite MGRM   |          |             |
|         |  |          |             |
|         | Replace with Jesse C Bowers MC   | 3 RM     |             |
|         | 21488 135th DR OBRIEN F/ 32071   |          |             |
|         |  |          |             |
|         |  |          |             |
|         |  |          |             |
|         |  | 07       | P.,         |
|         |  | 07 NOV   |             |
|         |  | 9        | OFAR.       |
|         |  | P        |             |
| Dated   | 11-12-67   | PM 4: 39 | ORPORATIONS |
|         |  | 9        | SK          |
|         | Shane P Cronin   |          |             |
|         | Signature of a member or authorized representative of a member                                     |          |             |
|         | Shave P CRONIN   |          |             |
|         | Typed or printed name of signee  |          |             |

Filing Fee: \$25.00