L07000062639

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SECRETARY OF STATE DIVISION OF CORPORATION

T. HAMPTON

FEB 1 8 2008

EXAMINER

COVER LETTER

TO: Registration S Division of Co			
SUBJECT: Tomaha	wk Shredding LLC		
·	(Name of Lim	ited Liability Company)	
The enclosed Articles of	of Amendment and fee(s) are sub	omitted for filing.	
Please return all corresp	condence concerning this matter	to the following:	
	Jeremiah L. Giles		
		(Name of Person)	
		(Firm/Company)	
	4420 Botanical Place	e Circle #205	
		(Address)	
	Naples, FL 34112		
	. '	(City/State and Zip Code)	
For further information	concerning this matter, please of	eall:	
Jeremiah L Giles		at (239404-8192	
(Nam	e of Person)	(Area Code & Daytime	l'elephone 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)
MAI	LING ADDRESS:	STREET/COURIE	R ADDRESS:

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

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

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

SECRETARY OF STATE
DIVISION OF CORPORATIONS

(Zip Code)

Tomahawk Shredding 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 June 14, 2007 __ and assigned Florida document number L07000062639 ____.

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 "LLC."

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:

New Registered Office Address:

(Enter Florida street address)

Florida

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,

(City)

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 = Ma MGRM = N	nager Ianaging Member		
<u>Title</u>	<u>Name</u>	Address	Type of Action
MGRM	Douglas L Dole	2224 Queens Ave. Naples, FL 34112	Add Remove
-			Add Remove
			Add Remove
			Add Remove
			Add Remove
-			Add Remove
D. If amend	ling any other information, enter change	e(s) here: (Attach additional sheets, if necessary.))
Ne	w Street and Mailing Address: 442	0 Botanical Place Circle #205	
· .	Nap	bles, FL 34112	SECRETARY OF CORP
_{Dated} Feb	Viriminh -	or authorized representative of a member	PH 1: 02
	Jeremiah L Giles	or additionized representative of a member	
	lyped o	or printed name of signee	

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