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SECRETARY OF STATE DIVISION OF CORPORATIONS

J. BRYAN

JUN - 2 2008

EXAMINER

COVER LETTER

TO: Registration S Division of Co	ection rporations		
SUBJECT:	RON STROW (Name of Lim	G LLC ited Liability Company)	
The enclosed Articles of	f Amendment and fee(s) are sub	omitted for filing.	
Please return all correspondent	ondence concerning this matter	to the following:	
	Josh	ua <u>Near</u> Morriz (Name of Person)	<u>-</u>
	IRC	ON STRONG UCC (Firm/Company)	
	- 7 sp	portsman Cir Pal (Address)	OR HAY 30 PH
		London West FL (City/State and Zip Code)	CORPORNI CORPORNI
For further information of	concerning this matter, please c	all:	RATIONS 11:25
Joshua (Name	Marris of Person)	at (941) 421 82 (Area Code & Daytime T	Celephone Number)
Enclosed is a check for t	he 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

T RON STR	SOUR II (
(Name of the Limited Liability (A Florida	ty Company as it now appears on our records.) Limited Liability Company)
The Articles of Organization for this Limited Liability	Company were filed on $\frac{7}{19}$ $\frac{2007}{2007}$ and assigned
Florida document number <u>LO 70000 7 494</u>	<u>f 1</u> .
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the lin	nited liability company here:
The new name must be distinguishable and end with the wo	ords "Limited Liability Company," the designation "LLC" or the abbreviation
Enter new principal offices address, if applicable:	·
(Principal office address MUST BE A STREET ADD	RESS)
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	
	· · · · · · · · · · · · · · · · · · ·
B. If amending the registered agent and/or registered agent and/or the new registered office add	stered office address on our records, enter the name of the new dress here:
Name of New Registered Agent:	
New Registered Office Address:	(Enter Florida street address)
	, Florida
	(City) (Zin 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

MGRM = Managing Member <u>Title</u> Name 1 <u>Address</u> **Type of Action** MORM Remove ☐ Add Remove _ Add 🗖 Remove Remove _ Add Add Remove D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) Dated _ Signature of a member or authorized representative of a member Toshua N Mom S
Typed or printed name of signee

Page 2 of 2

Filing Fee: \$25.00