L07000076782

/Da	aucatada Nama	
(Re	questor's Name)	
(Ad	ldress)	
(Ad	ldress)	
(Cit	ty/State/Zip/Phone) #)
_	_	_
PICK-UP	WAIT	MAIL
(Bu	siness Entity Nan	ne)
(Do	ocument Number)	
Ų-	,	
Certified Copies	Certificates	of Status
Continua copies	_ Certificates	or claids
Special Instructions to	Filing Officer:	
		ŀ

Office Use Only



900106878629

08/03/07--01010--023 **25.00

ZOOT AUG -3 P 12: 49
SECRETARY OF STATE

AL

COVER LETTER

TO: Registration Section Division of Corporation	IS .	
SUBJECT: CRDN of So	uthwest Florida, LLC	
	(Name of Limited Liability Company)	
	nent and fee(s) are submitted for filing.	
Chris	topher E. Mast, Esquire (Name of Person)	
Christ	topher E. Mast, P.A. (Firm/Company)	
1059	2007 , SECR TALLEA	
Naple	AUG -3 RETARY	
For further information concerning	(City/State and Zip Code) g this matter, please call:	P 12: 49 OF STATE
Christopher E. Mast, (Name of Person)		22 Viime Telephone Number)
Enclosed is a check for the following	amount:	
	00 Filing Fee & S5.00 Filing Fee & Certificate of Status Certificate of Status 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

CRDN of Southwest Florida, LLC

		(A Flo	(Present Na orida Limited Liab	me) pility Company)			_
FIRST:	The Articles of Org document number_	anization were filed	July 25,	2007	and assign	ned	
SECOND:	This amendment is:	submitted to amend	the following:				
	Change the r	name of the F	Florida Lim	ited Liabilit	ty Compa	ny to:	
	Linton Kenda	all Holdinas. L	LC. to be	effective A	uaust 1.	2007.	
							
							3
						AFF A	
			,,,			AUG †3 ETARY HASSEE	
				· · · · · · · · · · · · · · · · · · ·		7.00	m
						STA]	O
_		_				P. P	
Dated Au	gust 1		007				
		Am	Mala				
		Signature of a men	nber or authorized	representative of	of a member		
	Caren P.	Robinson, Ma	anaging Me	ember			

Typed or printed name of signee