

107 0000 84560

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

(Business Entity Name)

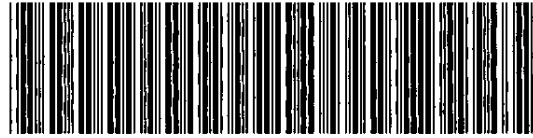
(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Handwritten signature

Office Use Only



000109176310

09/19/07--01030--005 **25.00

07 SEP 19 AM 10:27
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FILED

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: A CARLISLE LLC
(Name of Limited Liability Company)

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

ANGELINE CARLISLE
(Name of Person)

A CARLISLE LLC
(Firm/Company)

9342 PLANTATION ESTATES DR
(Address)

ROYAL PALM BEACH FL 33411
(City/State and Zip Code)

FILED
07 SEP 19 AM 10:27
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

For further information concerning this matter, please call:

ANGELINE CARLISLE at (861) 784-9967
(Name of Person) (Area Code & Daytime Telephone 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)

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

A CARLISLE LLC

(Present Name)
(A Florida Limited Liability Company)

FIRST: The Articles of Organization were filed on 8/17/2007 and assigned document number LO7000084560

SECOND: This amendment is submitted to amend the following: PLEASE
ADD MANAGING MEMBER

ANGELINE CARLISLE

FILED
07 SEP 19 AM 10:27
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Dated 9/18/2007



Signature of a member or authorized representative of a member

ANGELINE CARLISLE

Typed or printed name of signee

Filing Fee: \$25.00