## L070000 95986

	(Requestor's Name)
	7A.11
	(Address)
	(Address)
	(City/State/Zip/Phone #)
PICK-U	P WAIT MAIL
	(Business Entity Name)
	(Document Number)
Certified Copies	Certificates of Status
Special Instruction	s to Filing Officer:
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	DEC - 4 2008
	EXAMINER

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SÉCRETARY OF STATE

DEC -3 PH 3: 41

FILED

## **COVER LETTER**

Division of Corporations					
SUBJECT: CAROLYA (Name of I	ノ M・SCHUMBK〜 Limited Liability Company)	,220			
The enclosed Articles of Amendment and fee(s) are	submitted for filing.				
Please return all correspondence concerning this ma	tter to the following:				
CAN	(Name of Person)  Lyn M SC HUMBUN  (Firm/Company)	LA LLC			
	(Address)  (Address)  (City/State, And Zip Code)		SECRETARY OF STATI	2008 DEC -3 PM 3: 4	FILED
For further information concerning this matter, please	se call:		ATE	=	
PICHPAD SCHUTBAN (Name of Person)	at (32/) 783 - 70. (Area Code & Daytime T	<i>3 C</i> 'elephone Numbe	r) .		
Enclosed is a check for the following amount:		,			
\$25.00 Filing Fee Certificate of Status	□\$55.00 Filing Fee &  Certified Copy  (additional copy is enclosed)	\$60.00 Fili Certificat Certified (addition	te of Star Copy	tus &	sed)
MAILING ADDRESS:	STREET/COURIER	ADDRESS:			

TO:

**Registration Section** 

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

(Name of the Limited Liability Cor (A Florida Limit	SCHUMBLY, 22C mpany as it now appears on our record ted Liability Company)	<u>,</u> (s.)
The Articles of Organization for this Limited Liability Comp	pany were filed on <u>09/19/1900</u>	and assigned
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 "I"L.L.C."	Limited Liability Company," the designate	tion "LLC" or the abbreviation
Enter new principal offices address, if applicable:		TAL SE
(Principal office address MUST BE A STREET ADDRESS	<u> </u>	ARE E
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		TARY OF SIA
Maning boures MAT BE A POST OFFICE BOX		
B. If amending the registered agent and/or registered registered agent and/or the new registered office address		nter the name of the new
Name of New Registered Agent:		
New Registered Office Address:	(Enter Florida stre	not addressed
	Enier Fioriaa sire	ei adaress)
	, Floric (City)	da(Zip 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

**Title** <u>Address</u> **Type of Action** Name | MGRM CAROLYN M. SCHUMBER 425 BUCKPRANDUR SA930

MGRM CAROLYN M. SCHUMBER 425 BUCKBRAN DUE.

7307

CAPE CANALANT JEL 3293 AONOLD J. UHLAHD 296 CARTEL DRIVE 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 BICHBUD J. SCHUMBING
Typed or printed name of signee

Page 2 of 2

Filing Fee: \$25.00