## LD7000097601

(Requestor's Name)		
(Address)		
(Address)		
(City/State/Zip/Phone #)		
PICK-UP WAIT	MAIL	
(Business Entity Name)		
(Document Number)		
Certified Copies Certificates of Sta	atus	
Special Instructions to Filing Officer:	>	
·		
	,	

Office Use Only



700110464827

10/10/07--01016--005 \*\*25.00

2007 OCT 10 PH 12: 47
SECRETARY OF STATE

## **COVER LETTER**

TO: Registration Section Division of Corporations
SUBJECT: Kubota Land & Building, LC (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:
Michael Auchampau (Name of Person)
Lamont & Auchampau, P.A. (Firm/Company)
P. O. Box (00016
Clarwater F2 33758 (City/State and Zip Code)
For further information concerning this matter, please call:
Michael Archampal at (727 712-1344 (Area Code & Daytime Telephone Number)
Enclosed is a check for the following amount:
\$25.00 Filing Fee  Certificate of Status  Certified Copy (additional copy is enclosed)  S55.00 Filing Fee & S60.00 Filing Fee, Certified Copy (additional copy is enclosed)
MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 Tallahassee, FL 32314 Tallahassee, FL 32301  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 Fiorida Limited Liability Company)	
FIRST:	The Articles of Organization were filed on 904187 and assigned document number 60760097601.	
SECOND:	This amendment is submitted to amend the following:	
	the following provision of the	
	Articles of Organization of Kubota	
	land & Building, LLC, is hereby	
	amended to read as follows:	
	Article I is hereby amended to	
	read as follows:	
	Article I. the name of the	
	organization is changed to	
	ARTS Haldings 110.	
	100000000000000000000000000000000000000	
	. 1	
Dated (	ctober 5th, 2007. Ess E	o an
	Male Chalym	onno oct in PHI2: 47
	Signature of a member or authorized representative of a member  Michael Huchampau	5 5 F
	Typed or printed name of signife	<del></del>

Filing Fee: \$25.00