# L07000102435

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(Address)				
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JALLAHASSEF FLORIDA

T. HAMPTON MAY 2 1 2008

**EXAMINEF** 

## **COVER LETTER**

Division of Corporations							
SUBJECT:	Comparet	to 4647 Stoner	dse Trail, LLC				
(Name of Limited Liability Company)							
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.					
Please return all correspon	ndence concerning this matter	to the following:					
	Mario L	. Comparetto					
(Name of Person)							
		(Firm/Company)	·				
4720 Stone Ridge Trail							
(Address)							
	Salaso	ta, FL 342	<b>3</b>				
		(City/State and Zip Code)					
For further information co	oncerning this matter, please co	all:					
Andrea Sc.	otti	at (941) 359-18	00				
(Name o	f Person)	(Area Code & Daytime T	elephone Number)				
Enclosed is a check for th	e 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

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

Compace to 464-	The Standard of The Standard o
(Name of the Limited Liability Con	nnany as it now appears on our records.)
(A Florida Limite	ed Liability Company)
	any were filed on
The Articles of Organization for this Limited Liability Comp	any were filed on and assigned
Florida document number <u>L07000 J0243</u>	
This amendment is submitted to amend the following:	
A. If amending name, <u>enter the new name of the limited l</u>	liability company here:
	4720 Stone Ridge, LLC Limited Liability Company," the designation "LLC" or the abbreviation
The new name must be distinguishable and end with the words "I 'L.L.C."	Limited Liability Company," the designation "LLC" or the abbreviation
Enter new principal offices address, if applicable:	
<u> Principal office address MUST BE A STREET ADDRESS</u>	
	E
Futur name and line address if and leables	20 C
Enter new mailing address, if applicable:	TARY OF STATE ASSEE, FLORIDA
(Mailing address MAY BE A POST OFFICE BOX)	
	A
B. If amending the registered agent and/or registered registered agent and/or the new registered office address	l office address on our records, <u>enter the name of the new</u> <u>here</u> :
Name of New Registered Agent:	
New Registered Office Address:	
(Enter Florida street address)	
	(City) , Florida (Zip Code)
	(City) (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 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	Address	Type of Action	
<del></del>			Add	
	<u></u>	·	Add Remove	
			Add Remove	
			Add	
			Remove	
<del></del>			Add Remove	
<del></del>			Add Remove	
D. If amend	ding any other information, enter chan	nge(s) here: (Attach additional sheets, if necessary		
<u> </u>			FILED  8 NAY 20 PN 1: 51  SECRE ARY OF STATE TALLARIASSEE, FLORIDA	
_			I I: 51	
Dated	,			
	Signature of a memb			
	W 41	d or printed name of signee	<del></del>	

Page 2 of 2

Filing Fee: \$25.00