# L07000107899

(Requestor's Name)						
(Address)						
(v.dareses)						
(Address)						
(City/State/Zip/Phone #)						
PICK-UP WAIT MAIL						
(Business Entity Name)						
·						
(Document Number)						
,						
Certified Copies Certificates of Status						
Special Instructions to Filing Officer:						
Special Moductions to 1 ming Smooth						

Office Use Only



600133524836

07/30/08--01018--016 \*\*25.00

FILED

08, JUL 30 PM 12: 07

SEGRETARY OF STATE

SEGRETARY OF STATE

T. HAMPTON

JUL 3 1 2008

**EXAMINER** 

## **COVER LETTER**

TO: Registration Section Division of Corporations							
SUBJECT: CSF ACQUISITIONS, UC (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:							
Susan Ferguson (Name of Person)							
(Firm/Company)  49 N. FEDERAL Highway #324  Pampono Beach, Fl. 33062  (City/State and Zip Code)							
For further information concerning this matter, please call:							
Suban Ferguson at 786 33-5745 (Name of Person) (Area Code & Daytime Telephone Number)							
Enclosed is a check for the following amount:							
\$25.00 Filing Fee Certificate of Status Certificate of Status Certified Copy (additional copy is enclosed)  \$60.00 Filing Fee, 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 ed Liability Company as it now appears on our records (A Florida Limited Liability Company) The Articles of Organization for this Limited Liability Company were filed on 10/05 Florida document number L07006107 899 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 "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C." Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS) Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here: Name of New Registered Agent: New Registered Office Address: (Enter Florida street address) New Registered Agent's Signature, if changing Registered Agent: - Same 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

(If Changing Registered Agent, Signature of New Registered Agent)

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 = Mana	ger naging Member	K Same n	rembers - di	fferent ook	leess *		
<u>Title</u>	<u>Name</u>		Address		Type of Action		
MGRM	<u>Susan</u>	Ferguson	815N. Homestead, Fr	33030	Add addless Remove		
MERN	Gorey J	i-Ferguson	815 N. Home #507 Homestead, FI	Stead Blud	Change Add addless Remove		
<del>,</del>					Add Remove		
					Add Remove		
					Add Remove		
<del></del>					Add Remove		
D. If amendir	ng any other inform	ation, enter change(	s) here: (Attach additional .	sheets, if necessa <u>ry</u> .) >£:	08		
				CHETARY OF STATE	FILED		
Dated 5	19 27	tb., 20	<u>08</u> .		17		
_	S		r authorized representative of	a member	<del></del>		
-	to	Typed o	r printed name of signed	$\sim$	<del></del>		

Page 2 of 2

Filing Fee: \$25.00