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Office Use Only



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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

TILED

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## **COVER LETTER**

TO: Registration S Division of Co					
SUBJECT:	Charle	s Floyd, LLC			
		ted Liability Company	<del></del>		
The enclosed Articles o	f Amendment and fee(s) are sub	mitted for filing.			
Please return all corresp	ondence concerning this matter	to the following:			
		Charles Floyd			
		Name of Person			
		Firm/Company			
117 First Avenue North			T., 2		
		Address		009 AL	
	Jacks	Sonville Beach, FL 32250 City/State and Zip Code		2009 AUG -6 SECRETARY ALLAHASSE	=
	hai E-mail address: (i	rmonie4j@yahoo.com o be used for future annual report notificati	on)	PH	TILE D
For further information	concerning this matter, please c	all:		G-6 PM 3:57 TARY OF STATE ASSEE, FLORIDA	٠
	harles Floyd		8-9641		
Name	of Person	Area Code & Daytime Te	lephone 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)	Certified	te of Status &	ı
MAILING ADDRESS: Registration Section		STREET/COURIER Registration Section	ADDRESS:		

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Charles Floyd, LLC			
Liability Company as it now appear Florida Limited Liability Company)	ars on our records.)		
iability Company were filed on	July 15, 2009	and assigned	
5308			
owing:			
f the limited liability company he	ere:		
th the words "Limited Liability Comp	pany," the designation "L	- <u>'</u> '' vas	
able:			
T ADDRESS)	t.	F 2 II	
	GDA	57	
BOX)			
or registered office address on ffice address here:	our records, enter th	e name of the new	
<b>-</b>			
E.	Enter Florida street address		
City	, Florida	Zip Code	
	Liability Company as it now appear Florida Limited Liability Company)  iability Company were filed on	Liability Company as it now appears on our records.) Florida Limited Liability Company)  iability Company were filed on	

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 **Title Type of Action** Name 1 <u>Address</u> MGR Judi Floyd 117 First Avenue North ☐ Add Jacksonville Beach, FL 32250 Remove ☐ Add Remove ☐ Add Remove And move R ove ∏Add Remove D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) Dated \_\_\_\_\_ July 17, 2009 Signature of a member or authorized representative of a member

Charles Floyd

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Filing Fee: \$25.00