L07000118282

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SECRETARY OF STATE
DIVISION OF CORPORATIONS

COVER LETTER

TO: Registration Sec Division of Corp					
SUBJEÇT: lone Ente	rprises of Tampa Bay, (Name of Limi	LLC ited Liability Company)			
The enclosed Articles of A	Amendment and fee(s) are sub	mitted for filing.			
Please return all correspon	ndence concerning this matter	to the following:			
	Brian Palmer, CPA	(Name of Person)	<u>.</u>		
	Brian Palmer Accour	nting & Tax Inc. (Firm/Company)			
2937 Bee Ridge Road, Suite 2					
	····	(Address)			
	Sarasota, FL 34239	(City/State and Zip Code)			
For further information co	oncerning this matter, please ca	all:			
Brian Palmer, CPA	PA at (941) 922-4744 me of Person) (Area Code & Daytime Telephone Number				
(Name o	f Person)	(Area Code & Daytime 1	Celephone Number)		
Enclosed is a check for the	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 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

SECRETARY OF STAIL DIVISION OF CORPORATIONS

Ione Enterprises of Tampa Bay, LLC

(Name of the Limited Liability Company as it now appears on our records.)

(A Florida Limited Liability Company)

·			
The Articles of Organization for this Limited Liabil	ity Company were filed on 11/27/07	and assigned	
Florida document number <u>L07000118282</u>			
This amendment is submitted to amend the following	ng:		
A. If amending name, enter the new name of the	e limited liability company here:		
The new name must be distinguishable and end with the "L.L.C."	e words "Limited Liability Company," the	designation "LLC" or the abbreviation	
B. If amending the registered agent and/or r registered agent and/or the new registered office		ords, enter the name of the new	
Name of New Registered Agent:	स्ट्राप्ट २ वर्षे अस्ति वर्षे स्ट्रीस्ट वर्षे	era en en en en energiat var na sen	
New Registered Office Address:			
	(Enter Florida street address)		
	, Florida		
	(City)	, Florida(Zip Code)	
New Registered Agent's Signature, if changing Registered as I hereby accept the appointment as registered as the provisions of all statutes relative to the propaccept the obligations of my position as register being filed to merely reflect a change in the register company has been notified in writing of this charge in the register.	gent and agree to act in this capacity. er and complete performance of my di ed agent as provided for in Chapter 6 stered office address, I hereby confirm	uties, and I am familiar with and 08, F.S. Or, if this document is	
。	(If Changing Registered Agent, Signa	ture 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 ' Address **Type of Action** <u>Name</u> MGRM Albert J. Geiger, Jr. 1179 San Carlos Ave. NE Add St. Petersburg, FL 33702 Remove Add Remove Add Remove Add Remove Add Remove Add Remove D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) Dated December 17 Signature of a member or authorized representative of a member Typed or printed name of signee

Page 2 of 2

Filing Fee: \$25.00