L07000120994

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SECRETARY OF STATE DIVISION OF CORPORATIONS

T. HAMPTON MAY - 1 2009

EXAMINER

COVER LETTER

TO: Registration Se Division of Con	ection -porations		
SUBJECT: Young	& Blenco, LLC		
		nited Liability Company)	
The enclosed Articles of	Amendment and fee(s) are sub	omitted for filing.	
Please return all correspo	ondence concerning this matter	to the following:	
	Timothy D. Young	·	
		(Name of Person)	
	Tim Young, LLC		
		(Firm/Company)	
	7257 NW 4th Blvd, PMB	102	
		(Address)	
	Gainesville, FL 32607		
		(City/State and Zip Code)	
For further information c	oncerning this matter, please c	all:	
Timothy D. Young		at (352) 278-0916	
(Name o	of Person)	(Area Code & Daytime T	'elephone Number)
Enclosed is a check for the	ne following amount:		
□ \$25.00 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

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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

Young & Blenco, LLC		
(<u>Name of the Limited Liability</u> (A Florida I	Company as it now appears on our records.) imited Liability Company)	
The Articles of Organization for this Limited Liability C Florida document number <u>L07000120994</u>		and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limi	ted liability company here:	
Tim Young, LLC		
The new name must be distinguishable and end with the wor "L.L.C."	ds "Limited Liability Company," the designation "	LLC" or the abbreviation
Enter new principal offices address, if applicable:	Timothy D. Young	V 60
(Principal office address MUST BE A STREET ADDR	ESS)	APR.
		30 FAR
Enter new mailing address, if applicable:	7257 NW 4th Blvd.	ED Y OF STA ORPORA PH 2:
(Mailing address MAY BE A POST OFFICE BOX)	PMB 102	£ 5H
	Gainesville, FL 32607	* 5
Traine of the Registered Highlit.	ess here: by D. Young	
New Registered Office Address:	57 NW 97 Blod, Pr	115/02
	(Enter Florida street ad	dress)
<u></u>	(City) ST NW 4 ^H Blue Pr (Enter Florida street ad	32607
		(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 Changing Registered Agent, Signature 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

<u>Title</u>	<u>Name</u>	Address	Type of Action
MGR	Timothy D. Blenco	2490 SE 14th Drive Suite 37 Gainesville, FL 32607	Add Remove
			Add Remove
			= ~.
			Add Remove
			Add Remove
			Add Remove
D. If amen — — —	ding any other information, enter c	hange(s) here: (Attach additional sheets, if nece	SECRETARY OF VISION OF CORPC
Dated	PRIL 28 ,6	2009.	STATE SHATIONS 2: 44
		ember or authorized representative of a member	

Page 2 of 2

Filing Fee: \$25.00