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**EXAMINER** 

## **COVER LETTER**

TO:

**Registration Section** 

Divisio	n of Corporations					
SUBJECT:	US 19 I	HOLDINGS, LLC				
		mited Liability Company		-		
The enclosed Ar	ticles of Amendment and fee(s) are s	ubmitted for filing.				
Please return all	correspondence concerning this matt	er to the following:				
		Michael Andolino				
		Name of Person				
		Firm/Company	<del></del>	_		
213 leeward island Address			_			
		Audress				
Clearwater, FI 33767 City/State and Zip Code				LLAHAS	 	4
	mic	michaelandolino@gmail.com				in the same of the
		(to be used for future annual report notifi	cation)	RY O	70 70	
For further infor	nation concerning this matter, please	call:		F ST	ċċ <u>∴e</u>	
<u></u>	michael andolino Name of Person	at (at (	434-1616 Telephone Numb	TATE ORIDA	æ: 09	
	eck for the following amount:					
\$25.00 Filing	Fee \$\int_\$30.00 Filing Fee & Certificate of Status	\$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	) Certifie	iling Fee, eate of Sta ed Copy onal copy	itus &	
	MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	STREET/COURING Registration Section Division of Corpora Clifton Building 2661 Executive Cerulanassee, FL 323	n ations nter Circle			

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

US 19 HOL	DINGS, LLC				
(Name of the Limited Liability Comp (A Florida Limited	any as it now appears on Liability Company)	our records.)			
	• • •				
The Articles of Organization for this Limited Liability Compan	y were filed on $12^-$	27-07 and as	signed		
Florida document numberL07000127500	•				
Tops amendment is submitted to amend the following:					
A. If amending name, enter the new name of the limited lia	bility company here:				
The new name must be distinguishable and end with the words "Lin	nited Lighility Company "	the decignation "I I C" or the	abbreviation		
"L.L.C."	mited Liability Company,	the designation LLC of the	acoreviation		
Enter new principal offices address, if applicable:		· . > c			
(Principal office address MUST BE A STREET ADDRESS)	· · · · · · · · · · · · · · · · · · ·				
		TI AAH	4 #		
		I RY	3 September 1		
Enter new mailing address, if applicable:		F 27.			
(Mailing address MAY BE A POST OFFICE BOX)		1.5 1.5 3.5 3.5 3.5			
		NIE RID.			
			•		
B. If amending the registered agent and/or registered of		records, enter the name	of the new		
registered agent and/or the new registered office address he	<u>re</u> :				
Name of New Registered Agent:			<del> </del>		
New Registered Office Address:					
	Enter F	Enter Florida street address			
		, Florida	· · · · · · · · · · · · · · · · · · ·		
	Citv	Zip Cod	'e		

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 Title Type of Action Name **Address** MGRM MICHAEL ANDOLINO 213 LEEWARD ISLAND ✓ Add Remove CLEARWATER, FL 33767 **MGRM** MARR, ANDREW ☐ Add 8620 SWEET MAGNOLIA PLACE **▼** Remove SEMINOLE FL 33777 US ☐ Add Remove Remove  $\square$ Add Remove  $\square$ Add Remove D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) 02/03/2011 2011 Dated \_\_\_ Signature of a member or authorized representative of a member Typed or printed name of signee

Page 2 of 2

Filing Fee: \$25.00