L08000006375

(Requestor's Name)	· · · · · · · · · · · · · · · · · · ·
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2009 FEB -6 PH 2: 3

C. LEWIS
FEB 9 2009
EXAMINER

COVER LETTER

TO: Registration Secundary Division of Corp			•	
		L APPLIANCE ted Liability Company)	SENICE	LL
•	(Name of Limi	ted Liability Company)		
The enclosed Articles of A	mendment and fee(s) are sub	mitted for filing.		
Please return all correspond	dence concerning this matter	to the following:		
	CHAM	(Name of Person)	TI	
		(Firm/Company)		
	1611	MINUTEMAN C	Swy #109	
	<u>(</u> (2) cup	City/State and Zip Code)	3 <u>2531</u>	
For further information cor	ncerning this matter, please ca	sil:		
CHARLES (Name of	Derson)	at (<u>321)</u> 208–6 (Area Code & Daytime T	OS3 Celephone 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)	□S60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is end	

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



FLORIDA DEPARTMENT OF STATE Division of Corporations

February 9, 2009

CHARLES D. WATT II 1611 MINUTEMAN CSWY #109 COCOA BEACH, FL 32931

SUBJECT: CANAVERAL APPLIANCE SERVICE LLC

Ref. Number: L08000006375

We have received your document for CANAVERAL APPLIANCE SERVICE LLC and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The document must be signed by a member or an authorized representative of a member.

Please return the corrected original and one copy of your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6047.

Letter Number: 909A00004548

Carolyn Lewis
Regulatory Specialist II
Registration/Qualification Section

Division of Corporations - P.O. BOX 6327 - Tallahassee Florida 32314

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

FILED

2009 FEB -6 PM 2: 37

(Name of the Limited Lia (A Flo	ARRE	IBNCE >	CERNICA FALL	CRETARY OF STATE AHASSEE, FLORIDA
(Name of the Limited Lia (A Flo	bility Compan orida Limited Li	y as it now appea ability Company)	ers on our records.)	
The Articles of Organization for this Limited Liabi Florida document number	lity Company	were filed on	1/17/00	and assigned
This amendment is submitted to amend the following	ng:			
A. If amending name, enter the new name of the	•			
The new name must be distinguishable and end with the "L.L.C."	ne words "Limite	ed Liability Comp	any," the designatio	n "LLC" or the abbreviation
Enter new principal offices address, if applicabl		1611 /	MINUTE MA	IN CSWIX #109
The state of the s	<u></u>	(000	3 BEACH	FL 32931
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BO	<u>X)</u>	As A	BOVIE	
B. If amending the registered agent and/or registered agent and/or the new registered office			our records, <u>ent</u>	er the name of the new
Name of New Registered Agent:	CHAR	LLES D	NATE II	
New Registered Office Address:	1611	MINUTE	mon C	swy #109
-	Cocon	Brz ACH	, Florida	(Zip Code)
Non-Police 1 A 41 Ct Av. 16 1 Inc. Police				

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)

GR`= M GRM =	ianager Managing Member		
<u>itle</u>	<u>Name</u>	Address	Type of Actio
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Filing Fee: \$25.00