L08000007446

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SECRETARY OF STATE

T. CLINE

MAY 1 2 2009

EXAMINER

COVER LETTER

	ration Section of Corpor			,	
SUBJECT:		CHER	VIN 01, LLC		
50 5 01011			ted Liability Company		
The enclosed Ar	ticles of Am	endment and fee(s) are sub	mitted for filing.		
Please return all	corresponde	nce concerning this matter	to the following:		
	_	\	/INCENT GRAFTON		
			Name of Person		
	-		Firm/Company		
54		PORT BENDERS DR		200 TAI	
			Address		2009 MAY 1 PM 12: 53 SECRETARY OF STATE TALLAHASSEE, FLORID
	_	PUI	NTA GORDA, FL 33950		YII
			City/State and Zip Code		II PMI
	-	CHERVI E-mail address: (1	N01@EMBARQMAIL.COM to be used for future annual report notif	/I ication)	F ST F ST
For further infor	mation conc	erning this matter, please o			Y 11 PM 12: 53 TARY OF STATE HASSEE, FLORIDA
	VINCEN	T GRAFTON	at (_941_)	693-7941	
Name of Person			e Telephone Number	<u> </u>	
Enclosed is a ch	eck for the f	ollowing amount:			
\$25.00 Filing	g Fee	\$30.00 Filing Fee & Certificate of Status	\$55.00 Filing Fee & Certified Copy (additional copy is enclosed		of Status &
	MAILING	G ADDRESS:	STREET/COURI	IER ADDRESS:	

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Cher	vin dille	•	
(Name of the Limited)	Liability Company as it now appears Florida Limited Liability Company)	s on our records.)	
The Articles of Organization for this Limited Lia Florida document number L08000007	• •	01/18/2008	and assigned
This amendment is submitted to amend the follo	wing:		
A. If amending name, enter the new name of	the limited liability company here	2:	
The new name must be distinguishable and end with "L.L.C."	the words "Limited Liability Compar	ny," the designation "	LIGOR the abbreviation
Enter new principal offices address, if applica	ible:	· - -	ASS = I
(Principal office address MUST BE A STREET	TADDRESS)		PH D PH D 53 FEFF CORID
Enter new mailing address, if applicable:			Σ. ω
(Mailing address MAY BE A POST OFFICE L	<u> </u>		
B. If amending the registered agent and/o registered agent and/or the new registered off		ur records, <u>enter</u>	the name of the new
Name of New Registered Agent:	VINCENT GRAFTON		
New Registered Office Address:	548 PORT BENDERS DR		
-	Ent	er Florida street ad	ldress
	PUNTA GORDA, FL 339	50 Florida	33950
	City		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 amending the Managers or Managing Members on our records, <u>enter the title, name, and address of each Manager or Managing Member being added or removed from our records</u>:

MGR = Manager MGRM = Managing Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
MGRM	VINCENT GRASTON	548 PORT BENDERS DR PUNTA GORDA, FL 33950	Add Remove
<u>MGRM</u>	VINCENT GRAFTON	548 PORT BENDERS DR PUNTA GORDA, FL 33950	Add Remove
			Add Remove 7009 Remove 1 SECRE DAN Remove 1 Remove
D. If amend	ding any other information, enter ch	ange(s) here: (Attach additional sheets, if necesso	Add Remove
Dated	Vinces	og a Luc Sto	
	Signature of a men	mber or authorized representative of a member	

Page 2 of 2

Filing Fee: \$25.00