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T. CLINE

JUN 2 2 2009

EXAMINER

COVER LETTER

TO: Re	gistration Section vision of Corporations			
SUBJECT	CHE	ERVIN 01, LLC		
		mited Liability Company		
The enclose	d Articles of Amendment and fee(s) are s	submitted for filing.		
Please retur	n all correspondence concerning this mat	ter to the following:		
		VINCENT GRAFTON		
		Name of Person		
		CHERVIN 01, LLC		
Firm/Company		Firm/Company		
	5	48 PORT BENDRES DR		
		Address		
	P	UNTA GORDA, FL 33950	2009 JUN 19 SECRETARY TALLAHASSI	
		JUN 19 A AHASSEE		
	CHER	CHERVIN01@EMBARQMAIL.COM E-mail address: (to be used for future annual report notification)		
For further	information concerning this matter, pleas		73 = 5	
	VINCENT GRAFTON	at (941) 693-79	O: 51	
	Name of Person	Area Code & Daytime Telepho	ne Number	
Enclosed is	a check for the following amount:			
	Filing Fee \$\sum \\$30.00 Filing Fee &\text{ Certificate of Status}		\$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)	
	MAILING ADDRESS:	STREET/COURIER ADI	DRESS:	
Registration Section Division of Corporations		Registration Section		

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

CHERVIN		
(Name of the Limited Liability Compa (A Florida Limited I	ny as it now appears on our records.) Liability Company)	
The Articles of Organization for this Limited Liability Company	were filed on01/18/2008	and assigned
Florida document numberL0800007446		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liab	oility company here:	
The new name must be distinguishable and end with the words "Limi"L.L.C."	ited Liability Company," the designation	"LLC" or the abbreviation
Enter new principal offices address, if applicable:	548 PORT BENDRES DR	7D0
(Principal office address MUST BE A STREET ADDRESS)	PUNTA GORDA, FL 33950	CRE IN
		TATE OF THE PERSON OF THE PERS
Enter new mailing address, if applicable:	548 PORT BENDRES DR	TO B
(Mailing address MAY BE A POST OFFICE BOX)	PUNTA GORDA, FL 33950	- S - S - S - S - S - S - S - S - S - S
		⊋>
B. If amending the registered agent and/or registered of registered agent and/or the new registered office address her		the name of the new
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida street a	ddress
	. Florida	
	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 Changing Registered Agent, Signature of New Registered Agent

MGR = Ma MGRM = I	anager Managing Member		
<u>Title</u>	<u>Name</u>	Address	Type of Action
			Add
			Add Remove
AUG. ALGE - 11-			Add
			Remove
			Add Remove
			SECRE THE
			Remove T
			REMove
D. If amen	nding any other information, enter ch	nange(s) here: (Attach additional sheets, if necessary	·.)
_			
_			
_			
Dated		·	
	Signature of a mer	mber or authorized representative of a member	
	Vincent K	yped or printed name of signee	

Page 2 of 2

Filing Fee: \$25.00