# L08000008713

v			
(Requestor's Name)			
(Address)			
(Address)			
(City/State/Zip/Phone #)			
PICK-UP WAIT MAIL			
(Business Entity Name)			
(Document Number)			
Certified Copies Certificates of Status			
Special Instructions to Filing Officer:			
Operial instructions to 1 ming officer.			
·			

Office Use Only



200117018002

02/08/08--01031--004 \*\*25.00

OBFEBIL AN 9: 22 SECRETARY OF STATE SECRETARY OF STATE

Outligen FEB 1 1 2008

## **COVER LETTER**

TO: Registration Section Division of Corporations			
SUBJECT: C.+ RUS Springs LLC (Name of Limited Liability Company)			
The enclosed Articles of Amendment and fee(s) are submitted for filing.			
Please return all correspondence concerning this matter to the following:			
William N HANDELMAN (Name of Person)			
BAY AREA MEDICAL (Firm/Company)			
6399 38+h AVE N.			
S+, PETE, FL 33710 (City/State and Zip Code)			
For further information concerning this matter, please call:			
Wm Haw DELM Ar at (727) 639 047 [ (Name of Person) at (727) 639 047 [ (Area Code & Daytime Telephone Number)			
Enclosed is a check for the following amount:			
\$25.00 Filing Fee \$\ \text{Solon Filing Fee & Certificate of Status} \text{Certified Copy (additional copy is enclosed)} \text{\$\ \text{Certified Copy (additional copy is enclosed)}} \te			

#### 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

# Es I I para II

### ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

08 FEB I AM 9: 22 SECRETARY OF STATE TALLAHASSEE FLORIDA

(Name of the Limited Liab) (A Flori	ility Company as it now appears or da Limited Liability Company)	n our records.)	
The Articles of Organization for this Limited Liability	y Company were filed on	and assigned	
Florida document number LOGOOOO	8773		
This amendment is submitted to amend the following	<b>3</b> :		
A. If amending name, enter the new name of the l	limited liability company here:		
The new name must be distinguishable and end with the "L.L.C."	words "Limited Liability Company,"	'the designation "LLC" or the abbreviation	
B. If amending the registered agent and/or registered agent and/or the new registered office a		records, enter the name of the new	
Name of New Registered Agent:			
Name of New Registered Agent.			
New Registered Office Address:	(F	Electronic de la lacción de lacción	
	(Enter Florida street address)		
· <u>-</u>	, Florida (City) (Zip Code)		
	(City)	(Zip Code)	
New Registered Agent's Signature, if changing Register	ered Agent:		
I hereby accept the appointment as registered age the provisions of all statutes relative to the proper			

(If Changing Registered Agent, Signature of New Registered Agent)

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, 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 PAUL V. GRANNAN Add Remove Remove ∏Add Remove □Add Remove Add Remove D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) Dated Signature of a member or authorized representative of a member W. II. Am N. HANDELMAN FOR ENTRUST OF Typed or printed name of signee FBO William N HOWDELMAN,
Page 2 of 2

SEP-12A

Filing Fee: \$25.00