L08000009765

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COVER LETTER

	tration Secti on of Corpo				
SUBJECT:	Center Line A	ssociates, LLC			
SUBJECT: _		Name of Limit	ed Liability Company		
The enclosed A	Articles of An	nendment and fee(s) are subn	nitted for filing.		
Please return al	ll correspond	ence concerning this matter to	o the following:		
		Alyssa Chambless			
			Name of Person		· · · · · ·
		Center Line Associates, LLG	C		
			Firm/Company		
		88 Beal Parkway NW, Suite	В		
		_	Address		
		Fort Walton Beach, FL			
			City/State and Zip Code		
	-	alyssa@centerlineassociates. E-mail address: (to	com be used for future annual rep	oort notification)	
For further info	ormation cond	erning this matter, please cal	·	,	
Alyssa Chamb			850 362-0 at ()		
	Name of Pe	rson	Area Code	Daytime Telephone	Number
Enclosed is a cl	heck for the f	following amount:			
■ \$25.00 Fili	ng Fee	□ \$30.00 Filing Fee & Certificate of Status	□ \$55.00 Filing Fee & Certified Copy (additional copy is enclose	ed) Co	0.00 Filing Fee, ertificate of Status & ertified Copy dditional copy is enclosed)

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

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

(Name of the Limited Liability Company as it now appears on our records.) (A Florida Limited Liability Company) The Articles of Organization for this Limited Liability Company were filed on January 8, 2008 Florida document number L08000009765 This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: Centerline Associates, LLC The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbitenter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS) Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	and assigned
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B. If amending the registered agent and/or registered office address on our records, enter the registered agent and/or the new registered office address here:	ie name of the nev
Name of New Registered Agent:	
New Registered Office Address:	
Enter Florida street address	
, 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 605, 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 Authorized Person(s) authorized to manage, <u>enter the title, name, and address of each person</u> <u>being added</u> <u>or removed from our records</u>:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
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	is specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of
ine 90	th day after the record is filed.
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Typed or printed name of signee

Filing Fee: \$25.00