## L0800016008

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Amendment LCC L08-16008



N. CAUSSEAUX

OCT 6 2008

**EXAMINER** 

## **COVER LETTER**

TO: Registration Sec Division of Corp			•
SUBJECT:	Cris's Sta (Name of Limi	Odios LLC ted Liability Company)	<del></del>
The enclosed Articles of A	mendment and fee(s) are sub	mitted for filing.	
Please return all correspon	dence concerning this matter	to the following:	
	Scot	H Gleason (Name of Person)	
	Cris's	Studios LLC (Firm/Company)	<del> </del>
	2424 N.	Congress Ave	Suite G
	West Pa	M Bch FL (City/State and Zip Code)	33409
For further information co	ncerning this matter, please ca	all:	
Sco TT (Name of	Gleason Person)	at (561) 640 - 8 (Area Code & Daytime T	2886 elephone Number)
Enclosed is a check for the	e following amount:		
□ \$25.00 Filing Fee	□\$30.00 Filing Fee & Certificate of Status	□\$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	☑\$60.00 Filing Fee, Certificate of Status & Certified Copy (additional 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



August 8, 2008

SCOTT GLEASON CRIS'S STUDIOS LLC 2424 N. CONGRESS AVENUE, SUITE G WEST PALM BEACH, FL 33409

SUBJECT: CHRIS'S STUDIOS LLC Ref. Number: L08000016008

We have received your document for CHRIS'S STUDIOS LLC. However, upon receipt of your document no check was enclosed. Please send a check or money order payable to the Department of State for \$25.00. Your document will be retained in our pending file. Please return a copy of this letter to ensure that your check is properly credited.

The designation of the registered agent must be at a Florida street address.

You cannot state "SAME."

Please return 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) 245-6918.

Letter Number: 908A00045250

Nanette Causseaux Document Specialist Supervisor

District of Comparations D.O. DOV 0007 III 1 1 2001

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

	Ur	TO ST.
(Name of the Limited (A	Liability Company as it now appears on Florida Limited Liability Company)	our records.
The Articles of Organization for this Limited Lia Florida document number <u>LOBOOO</u>		and assigned
This amendment is submitted to amend the follo  A. If amending name, enter the new name of	•	
The new name must be distinguishable and end with 'L.L.C."	n the words "Limited Liability Company,"	the designation "LLC" or the abbreviation
Enter new principal offices address, if applica <i>Principal office address MUST BE A STREET</i>		
Enter new mailing address, if applicable:  (Mailing address MAY BE A POST OFFICE I  B. If amending the registered agent and/o	or registered office address on our	records, enter the name of the new
registered agent and/or the new registered of		San
Name of New Registered Agent: New Registered Office Address:	2424 N. Cone	gress Ave. Florida street address)
	WEST Palm Beach	, Florida <u>33409</u> (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)

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 = Mana MGRM = Ma	ager anaging Member	•	•
<u>Title</u>	Name	Address	Type of Action
MGRM	Cristopher Rode		Add Remove
<u>m6R</u> M	Scott Cleason		Add Remove
			AddRemove
Manager of the second s			Add Remove
<del></del>			Add Remove
	,		Add Remove
D. If amendi	ng any other information, enter change(	s) here: (Attach additional sheets, if nece	FILED  68 OCT -6 AN IO: 46  SECRETARY OF STATE  ARLIANASSEE, FLORIDA
Dated	Scott Gue	9 <u>8</u> .	
	Signature of a member of Scott 6 less.	or authorized representative of a member	······································

Page 2 of 2

Filing Fee: \$25.00