## L08000041918

(Requestor's Name)				
(Address)				
(Address)				
(City/State/Zip/Phone #)				
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J. BRYAN

JUL 2 3 2008

**EXAMINER** 

## **COVER LETTER**

TO: Registration Se Division of Cor			
SUBJECT: Nine TV	welve, LLC	ted Liability Company)	
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please return all correspo	ondence concerning this matter	to the following:	
	Denise N. Murphy, P.A.		
		(Name of Person)	
	Denise N. Murphy, P.A.		2
		(Firm/Company)	OB JUL 22 PH 1:48
	624 MANNI OTDEET ON	TE C	23 OF CO.
	531 MAIN STREET, SUI	(Address)	ORPIO P
	Safety Harbor, Florida 3		
		(City/State and Zip Code)	U U
For further information of	concerning this matter, please c	all:	
	, F		
Denise N. Murphy		at ( 727 ) 725-8101	·
(Name	of Person)	(Area Code & Daytime T	elephone Number)
Epclosed is a check for t	the following amount:		
\$25.00 Filing Fee	□\$30.00 Filing Fee &	□\$55.00 Filing Fee &	□\$60.00 Filing Fee,
	Certificate of Status	Certified Copy	Certificate of Status & Certified Copy
(		(additional copy is enclosed)	(additional copy is enclosed)
MAII	INC ADDRESS:	STREET/COURIER	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

OB JUL 22 PH 1:48

Nine Twelve, LLC

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

·		<b>~</b>
The Articles of Organization for this Limited Liability Con	and assigned	
Florida document number 1 08000041918	. 0	
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limite	ed liability company here:	
The new name must be distinguishable and end with the words "L.L.C."	s "Limited Liability Company," the desig	nation "LLC" or the abbreviation
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDRE	ESS)	
Enter new mailing address, if applicable:	1975 - A Sherwood Street	
(Mailing address MAY BE A POST OFFICE BOX)	Clearwater, Florida 33765	
B. If amending the registered agent and/or registered agent and/or the new registered office addresses		enter the name of the new
Name of New Registered Agent:		
New Registered Office Address:		
	(Enter Florida s	street address)
		orida
	(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)

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 = M	lanaging Member		
<u>Title</u>	<u>Name</u>	Address	Type of Action
			Add
			Remove
			<b>-</b>
			Add Remove
	<del></del>		<b></b> Add <b></b> Remove
			<del></del>
			Add Remove
			<b></b> Add
			Remove
			「¶ Add
			Remove
D. If amend	ding any other information, enter chang	e(s) here: (Attach additional sheets, if necessary.)	
			08.
			FILE FILE SECRETARY OF CO
<u>.</u> .			OF STATI
			1: 48 
Dated July 1	, 2008	•	
		or authorized representative of a member	
	Joseph E. Cour <del>cy, M</del> GN Typed	NR or printed name of signee	<del></del>

Page 2 of 2

Filing Fee: \$25.00