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(R	Requestor's Name)	<u></u>
(A	ddress)	
(A	ddress)	
(C	City/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(B	usiness Entity Nan	ne)
(D	ocument Number)	_
Certified Copies	Certificates	of Status

Special Instructions to Filing Officer:

A. LUNT

OCT 25 2011

EXAMINER

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COVER LETTER

Registration S Division of Co	ection rporations			
SUBJECT:	Adison Emerson, L	imited Liability Cor	poration	
The employed Articles of	F A man demont and foo(s) and ou	hunisted for Glina		
The enclosed Articles of	f Amendment and fee(s) are su	omitted for ming.		
Please return all correspondent	ondence concerning this matte	r to the following:		
		Pohort Cook		
		Robert Cash Name of Person		-
	Adison Emo	rson, Limited Liability (Corporation	
	Adison Emer	Firm/Company	Sorporation	-
	4	113 W San Luis Street	•	
		Address		-
				a 8
		Tampa, FL 33629		
		City/State and Zip Code		2011 OCT
	Cash E-mail address: (@addisonemerson.co to be used for future annual repo	ort notification)	724 788
For further information of	concerning this matter, please of	call:		TARYOF STASSEE.FLO
	Robert Cash	at (813)	380-4990	
Name (of Person	Area Code &	Daytime Telephone Numbe	٠ سند
Enclosed is a check for t	the following amount:			
\$25.00 Filing Fee	\$30.00 Filing Fee & Certificate of Status	\$55.00 Filing Fee & Certified Copy (additional copy is en	closed) Certified	ite of Status &
MAIL	ING ADDRESS:	STREET/C	OURIER ADDRESS:	

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

(<u>Name of the Limited</u> (A	Adison Eme Liability Compa Florida Limited I	erson LLC. <u>ny as it now appears</u> Liability Company)	on our records.)		
The Articles of Organization for this Limited L. Florida document number L08000044		were filed on	5-5-2008	and assign	ned
This amendment is submitted to amend the following	owing:				
A. If amending name, enter the new name of	the limited liab	ility company here	:		
	Addison Eme	erson, LLC			
The new name must be distinguishable and end wit "L.L.C."	h the words "Limi	ited Liability Compan	y," the designation	"LLC" or the abb	reviation
Enter new principal offices address, if applicable:		4113 W. San L	uis Street	= 10	
(Principal office address MUST BE A STREET ADDRESS)		Tampa, FL 330	629		
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE)	BOX)			OCT 24 MI	
B. If amending the registered agent and/or registered agent and/or the new registered of	or registered of	fice address on ou e:	r records, enter	AT R	the new
Name of New Registered Agent:	Robert C. C	· · · · · · · · · · · · · · · · · · ·	·		
New Registered Office Address:	4113 W. Sa	n Luis Street	r Florida street aa	Idvass	
			r r ioriaa sireei ad		
		Tampa City	, Florida _	33629 Zip Code	
		C++,y		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 Vam familiar with and accept the obligations of my position as registered agent as provided for in Chapter 608, F. 8. 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 = Ma MGRM = 1	anager ' Managing Member		
<u>Title</u>	<u>Name</u>	Address	Type of Action
			Add Remove
			——————————————————————————————————————
			□ Domouo
			AddRemove
			AddRemove
			Add Remove
D. If amen	ding any other information,	enter change(s) here: (Attach additional sheets,	if necessary.)
_			
Dated	October 18th		
	Signature	e of a member or authorized representative of a memb	er
		Tina E. Cash	
		Typed or printed name of signee	

Page 2 of 2

Filing Fee: \$25.00