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(R	requestor's Name)					
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AUG 29 2008

**EXAMINER** 

## **COVER LETTER**

' Division of Corporations
SUBJECT: 2044454. LLC (Name of Limited Liability Company)
(Name of Limited Liability Company)
The enclosed Articles of Amendment and fee(s) are submitted for filing.
Disease setum all compare and area compare in a this matter to the following.
Please return all correspondence concerning this matter to the following:
Brandon Gawton (Name of Person)  204 4th 5th CCC  (Firm/Company)
(Name of Ferson)
204 4ª 57 CCC
(Firm/Company)
12254 Hillnen D- P. B.C. FC 33410 (Address)
Ph Beach Calms R 33410  City/State and Zip Code)  For further information concerning this matter, please call:
(City/State and Zip Code)
For further information concerning this matter, please call:
Brandon Cawford at (561) 389-728/ The Code & Daytime Telephone Number)
(Name of Person) (Area Code & Daytime Telephone Number)
Enclosed is a check for the following amount:
\$25.00 Filing Fee Certificate of Status  Certificate of Status  Certified Copy (additional copy is enclosed)  Certified Copy (additional copy is enclosed)

**MAILING ADDRESS:** 

TO:

**Registration Section** 

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**

204 4	£ 5+ 6	as it now appears on our i			
(Name of the Limited (A	Liability Company Florida Limited Liab	as it now appears on our polity Company)	records.)	<del></del>	
The Articles of Organization for this Limited Li. Florida document number	ability Company we			and assig	ned <sup>.</sup>
This amendment is submitted to amend the follow	wing:				
A. If amending name, enter the new name of	the limited liabilit	ty company here:			
The new name must be distinguishable and end with "L.L.C."	h the words "Limited	Liability Company," the d	esignation "LLC"	or the abl	breviation
Enter new principal offices address, if applica	ıble:		ÄLLA	OB A	المراسا
(Principal office address MUST BE A STREET ADDRESS)			HASS		- U
Enter new mailing address, if applicable:  (Mailing address MAY BE A POST OFFICE I		SEE, FLORIDA	8 PH 2: 51		
B. If amending the registered agent and/o registered agent and/or the new registered off  Name of New Registered Agent:	ice address here:	in Cauto-		name of	the new
New Registered Office Address:	12254	Hillman [ (Enter Florid	)~;		<u>.</u> _
	Palm Be-	(Enter Florid ech <u>Canders</u> (City)	da street address Florida 33 (2	) 3	<u> </u>
New Registered Agent's Signature, if changing D	amintanad A				

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 = Managing Member Type of Action Address <u>Title</u> <u>Name</u> MGR Kathy Dedo 14227 LeeWant Way

Palm Beach Garlos

MGR Brandon Gawtord 12254 Hillman Dr. 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 Brandon Crewto I

Page 2 of 2

Filing Fee: \$25.00