08000050a52

(Re	questor's Name)	
(Ad	dress)	
,	,	
(Ad	dress)	
(Cit	y/State/Zip/Phone #)
PICK-UP	WAIT	MAIL
_	_	_
(Bus	siness Entity Name)
(Do	cument Number)	
O-atti-d Oi	0-454	E Charles
Certified Copies	_ Centificates of	r Status
Special Instructions to I	Filing Officer	
	g eee	
		l
		į

Office Use Only

ie Only



700130103617

05/27/08--01021--020 **25.00

SECRETARY OF STATE

M. Thomas MAY 28 20091

COVER LETTER

TO: Registration Sect Division of Corpo	ion orations			
SUBJECT: TOCL	15 Factor, (Name of Lim	LLC, ited Liability Company)		
The enclosed Articles of Ar	mendment and fee(s) are sub	omitted for filing.		
Please return all correspond	lence concerning this matter	to the following:		
	Sally Set- L532 Bruke	(Name of Person) F-facus factor (Firm/Company) Paisfeather Wen (Address) Inton, Fla 3426 (City/State and Zip Code)	OS MAY 27 AT SECRETARY OF STATE TALLAHASSEE, FLORIDA 3	FILED
For further information con	cerning this matter, please c	all:		
Sally AH (Name of	Person)	at (941) 755-73 (Area Code & Daytime To	380 <u>(35</u> 0-9017))
Enclosed is a check for the	following amount:			
J	□\$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

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

(Name of the Limited Liability Compa (A Florida Limited	TOP, L, L, (records.)
The Articles of Organization for this Limited Liability Company Florida document number <u>LO 80000 5025</u> 3	_	_
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liab	bility company here:	lesignation "LLC" or the abbreviation
The new name must be distinguishable and end with the words "Lim"L.L.C."	nited Liability Company," the d	lesignation "LLC" or the abbreviation
Enter new principal offices address, if applicable:		FQ H
(Principal office address MUST BE A STREET ADDRESS)		27.
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		
B. If amending the registered agent and/or registered or registered agent and/or the new registered office address here.		rds, enter the name of the new
Name of New Registered Agent:		
New Registered Office Address:	(Futar Flori	ida street address)
	(Enter Flori	ŕ
	(City)	, Florida (Zip Code)
Now Degistered Agent's Signature if changing Degistered Agent	•	(-1

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 = Ma	naging Member		
<u>Title</u>	<u>Name</u>	Address	Type of Action
mol	Sally A Harris	16532 Pailfeather We Bradenton FL 34203	Add Remove
			Add Remove
	·		Add Remove 8
			Addison Floating
			Add PR
			Add Remove
<u>Ch</u>	ange following.	(s) here: (Attach additional sheets, if necessary.)
T <u>o :</u>	MBRM-Rabert	W Rosinsky	
Dated	5-22 08	Therefore authorized representative of a member	
-	Sala	Harris or printed name of signee	

Page 2 of 2

Filing Fee: \$25.00