## L08000059116

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SECRETARY OF STATE DIVISION OF CORPORATION

T. HAMPTON

MAY 1 8 2009

**EXAMINER** 

## **COVER LETTER**

Division of Corporations
SUBJECT: <u>CF)T~(SS FOR L) FC, LLC</u> (Name of Limited Liability Company)
The enclosed Articles of Amendment and fee(s) are submitted for filing.
Please return all correspondence concerning this matter to the following:
TASON J. HOCSLEY (Name of Person)
CFITALSS FOR LIFE (Firm/Company)
18331 PINES BLVD. #262 (Address)
City/State and Zip Code)
For further information concerning this matter, please call:
TAJON T. 140/3LLY at (954) 330 - 1993 (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  Certificate of Status  Certificate of Status  Certificate of Status & Certificate Opy (additional copy is enclosed)  Certificate of Status & Certificate Opy (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

SECRETARY OF STATE DIVISION OF CORPORATIONS

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

eFituess to	ty Company as it now appears on our records.)
(A Florida	ty Company as it now appears on our records.)  Limited Liability Company)
The Articles of Organization for this Limited Liability	Company were filed on
Florida document number L0800059116	· · · · · · · · · · · · · · · · · · ·
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the lin	nited liability company here:
The new name must be distinguishable and end with the we "L.L.C."	ords "Limited Liability Company," the designation "LLC" or the abbreviation
Enter new principal offices address, if applicable:	18331 PINCS BLYD. #262
(Principal office address MUST BE A STREET ADD	PRESS) PEMBLONC PINCS, FL 33029
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	18331 PINCS 13LYD, # 262 PEMBIONE PINCS, FL 33029
B. If amending the registered agent and/or registered agent and/or the new registered office ade	stered office address on our records, <u>enter the name of the new</u> dress here:
Name of New Registered Agent:	JASON J. HOISLEY
New Registered Office Address:	(Enter Florida street address)
<u>_Pc</u>	(City) (Zip Code)
Now Designated Acoustic Signature of shanding Designates	and Arranda

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 = Managing Member

<u>Title</u> <u>Name</u> Address Type of Action merm MAILYN GONZALCZ PEMBLOKE PINES, FL ☐ Add Remove 🗖 Add Remove ☐ Add \_ Add Remove Add Remove D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) Signature of a member or authorized representative of a member TASOW HORSLEY
Typed or printed name of signee

Page 2 of 2

Filing Fee: \$25.00