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**EXAMINER** 



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08/13/09--01009--010 \*\*25.00

## **COVER LETTER**

TO: Registration Section Division of Corporations
SUBJECT: INS360, U.C.
SUBJECT: TDS36D, CLC  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:
Jessica L Christoffel Name of Person
TDS 360, LLC Firm/Company
17633 GUNN HWY # 159 Address
ODESSA FL 335Th  City/State and Zip Code
dames 5 10 2 yahoo. com  E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Jesster Christoffel at (727) 498 4911
Name of Person Area Code & Daytime Telephone Number
Enclosed is a check for the following amount:
\$25.00 Filing Fee \$\ \text{Certificate of Status} \text{Status & Certified Copy (additional copy is enclosed)} \text{\$\ \text{Certified Copy (additional copy is enclosed)}} \$\ \tex
MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314  Tallahassee, FL 32314  STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

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## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF



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101360,000	. 40
(Name of the Limited Liability Compa	ny as it now appears on our records.)
(Name of the Limited Liability Compa (A Florida Limited L	clability Company)
The Articles of Organization for this Limited Liability Company	were filed on June 19 2008 and assigned
Florida document number <u>L 08 0000 6 0 33 1</u> .	
Florida document number COOOCO 40 551	
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liab	ility company here:
The new name must be distinguishable and end with the words "Limi	ited Liability Company." the designation "LLC" or the abbreviation
"L.L.C."	
Enter new principal offices address, if applicable:	768 HARROR ISLAND
(Principal office address MUST BE A STREET ADDRESS)	CLEARWATER BEACH FL 33767
Principul Office dudress MUST BE A STREET ADDRESS	CLEARWITTEN PSEMON IE 351 BT
	7/0///
Enter new mailing address, if applicable:	768 HARBOR ISLAND CLEARWATER BEACH PL 33767
(Mailing address MAY BE A POST OFFICE BOX)	CLEARWATER BEACH PL 33767
B. If amending the registered agent and/or registered of	
registered agent and/or the new registered office address her	<u>e</u> :
M	0.00
Name of New Registered Agent:	K KUPPKI
New Registered Office Address: 768 HA	R RUPENT
	Enter Florida street address

## 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, <u>enter the title</u>, <u>name</u>, <u>and address of each Manager or Managing Member being added or removed from our records</u>:

<u>Title</u>	<u>Name</u>	Address	Type of Action
MGRM	Jessica Christoffel	17633 GUNN HWY # 159 ODESSA , FL 33556	Add ⊅Remove
<u>M G R M</u>	MASON R RUPERT	768 HARBOR ISLAND CLOOP WATER BEACH PL3	Add Remove
			Add Remove
			Add Remove
			Add Remove
			Add Remove
D. If amend	ling any other information, enter chang	e(s) here: (Attach additional sheets, if necessary.)	
<del></del>			<u> </u>
	h, 1th 2	००९.	
Dated			

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Filing Fee: \$25.00