# L08000061660

(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:
·

Office Use Only



900241480839

11/26/12--01030--012 \*\*25.00

SECRETARY OF STATE

112 MOV 26 PM 1: 30

T. CLINE

NOV 2 7 2012

EXAMINER

# **COVER LETTER**

	ration Section on of Corporations			
SUBJECT: _	Cherrywood Proney Wanagement L	20		
The enclosed A	rticles of Amendment and fee(s) are submitted for filing.			
Please return al	correspondence concerning this matter to the following:			
	Chris Zacco Name of Person	_		
	Cherywood Property Management, LL	<u>C</u>		
	PO BOX 26/8 Address			
	Ocala, FL City/State and Zip Code	_		
	E-mail address: (to be used for future annual report notification)	200 m	N CIRC	Turk ,
For further info	rmation concerning this matter, please call:		MOV 20	- 7.GE
CR	Name of Person at (35) 216 - 6040  Area Code & Daytime Telephone Numl	ber reject	66 ER T	Land of the state
Enclosed is a cl	neck for the following amount:	ZH UH M	: 30	
\$25.00 Filin	Certificate of Status Certified Copy Certificate of Status Certified Copy Certificate Copy is enclosed)	Filing Fee, icate of Statu ied Copy ional copy is		ed)

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 Company	as it now appears on our records.) bility Company)			
(A Florida Limited Lia	bility Company)			
The Articles of Organization for this Limited Liability Company we Florida document number	vere filed on <u>June 24,2008</u> and assigned			
This amendment is submitted to amend the following:				
A. If amending name, enter the new name of the limited liabili	ty company here:			
The new name must be distinguishable and end with the words "Limiter" L.L.C."	d Liability Company," the designation "LLC" or the abbreviation			
Enter new principal offices address, if applicable:	1217 SF 2TH STRFFT			
(Principal office address MUST BE A STREET ADDRESS)	Ocala, FL 34471			
	7 <u>Cp N</u>			
Enter new mailing address, if applicable:				
(Mailing address MAY BE A POST OFFICE BOX)	215: III			
	54 3 0			
B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here:				
Name of New Registered Agent:	Hord J. Tropello, Esquire			
New Registered Office Address: 45E	Broadway			
New Registered Office Address.	Enter Florida street address			
Oca	(a , Florida 3441/			
	City 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 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

Page 1 of 3

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>:

MGR = Manager

MGRM = Managing Member Type of Action **Address** <u>Title</u> <u>Name</u> Remove Add Remove Remove Remove Remove Remove

D. If an	nending any other information, enter change(s) here: (Attach additional sheets, if necessary.)
	Christopher B. Zacco should be listed as a
	Christopher B. Zacco should be listed as a Managing Member (MGRM), not as a MGR.
Dated	November 19, 2012.
	Charles MM
	Signature of a member or authorized representative of a member
	Chris Locco
	Typed or printed name of signee
	Page 3 of 3

Filing Fee: \$25.00

SECRETARY DE STATE. 30

a carrier