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SECRETARY OF STATE

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COVER LETTER

TO: Registration Division of C				
SUBJECT: NATU	RE COAST CAESAR	· · ·		
L	(Name of Lim	ited Liability Company)		
The enclosed Articles of	of Amendment and fee(s) are sub	mitted for filing.		
Please return all corres	pondence concerning this matter	to the following:		
	RICHARD E. BONDANZ			
		(Name of Person)		
NATURE COAST CAESARS, LLC				
		(Firm/Company)		
9544 WHISPER RIDGE TRAIL				
		(Address)		
	BROOKSVILLE, FL 346	13		
		(City/State and Zip Code)		
For further information	concerning this matter, please concerning	all:		
RICHARD E. BONDANZA, JR.		at (352) 584-3999		
(Name	e of Person)	(Area Code & Daytime T	elephone Number)	
Enclosed is a check for	the following amount:			
☑ \$25.00 Filing Fee	S30.00 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 Tailahassee, 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

Nature COAST CAESARS, LLC	lity Company as it now appears on our records.)		
(A Florid	da Limited Liability Company)		
The Articles of Organization for this Limited Liability	y Company were filed on June 30, 2008	and assign	ıed
Florida document number L08000063689	·		
This amendment is submitted to amend the following	:		
A. If amending name, enter the new name of the l	imited liability company here:		
CCD BONDANZA MANAGEMENT, LLC			
The new name must be distinguishable and end with the v"L.L.C."	words "Limited Liability Company," the designation "LL	C" or the abb	reviation
Enter new principal offices address, if applicable:			
(Principal office address MUST BE <u>A</u> STREET AD	DRESS)		
Enter new mailing address, if applicable:			
(Mailing address MAY BE A POST OFFICE BOX)			
			. =
B. If amending the registered agent and/or regregistered agent and/or the new registered office a		$\frac{e \ name \ of \ t}{s}$	the new
	3>) AUG	
Name of New Registered Agent:	######################################		1 <u>[</u>
	Ĺ,	+ T	П
New Registered Office Address:	(Enter Florida street addr	:- <u>-</u>	
	, Florida	TATE TATE	
	, Florida, (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 amending the Managers or Managing Members on our records, enter the title, name, and address of each Manager of Managing Member being added or removed from our records:

MGR = Manager MGRM = Managing Member					
<u>Title</u>	<u>Name</u>	Address	Type of Action		
			Add Remove		
			- D		
			E Damaria		
			Add Remove		
			Pamaya		
			Add Remove		
D. If ame	nding any other information, enter chang	ge(s) here: (Attach additional sheets, if nec	ressary.)		
- -			08 AUG		
_ Dated	7-29 , 08	8	-4 AH 8: 55 ASSEE FLORID		
	Signature of a membe	er or authorized representative of a member	<u> </u>		
	Richard E. Bondanza, J				
	Typed	d or printed name of signee			

Page 2 of 2

Filing Fee: \$25.00