

Florida Department of State

Division of Corporations Public Access System

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L. SELLERS

To:

Division of Corporations

Fax Number : (850)617-6383

AUG 1 9 2009

From:

Account Name : CSH SERVICES, LLC

Account Number : I20070000160 Phone : (800)494-3124 Fax Number : (561)455-9885 **EXAMINER**

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN





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4-09000184262.3.

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION **OF**

	npany as it now appears on our recorded Liability Company)			
lorida document number L08000084556	pany were filed on 07/02/2008			
his amendment is submitted to amend the following:				
A. If amending name, enter the new name of the limited liability company here:				
he new name must be distinguishable and end with the words "L.L.C."	Limited Liability Company," the designa	ation "LLC" or the abbreviati		
inter new principal offices address, if applicable:				
Principal office address MUST BE A STREET ADDRESS	2			
inter new mailing address, if applicable: Mailing address MAY BE A POST OFFICE BOX)		,		
i. If amending the registered agent and/or registered egistered agent and/or the new registered office address i		nter the name of the ne		
Name of New Registered Agent:				
New Registered Office Address:	······································			
	(Enter Florida str	eet address)		
	, Flori			
	(City)	(Zip Code)		

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 heing filed to merely reflect a change in the registered office address. I hereby confirm that the limited liab company has been notified in writing of this change.

(If Changing Registered Agent, Signature of New Registered Assen

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4.09000184262

MGR = Ma MGRM = 1	inager Managing Member		4 090001842623.
<u>Title</u>	<u>Name</u>	Address	Type of Action
MGRM	ROBERT B HODGE	1030 MOON LAKE DRIVE NAPLES FL 34104	
			Add Remove
······································	·		Add Remove
 			Add Remove
			Add Remove
D. If amen	ding any other information, enter	change(s) here: (Attach additional shee	us, if necessary.)
			
			·····
Dated Augus	st 18th , , ;	2009 .	

Typed or printed name of signee Page 2 of 2

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