

L08000076059

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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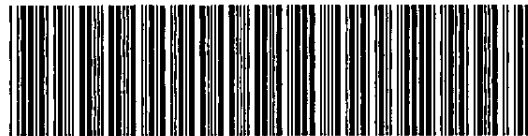
(Business Entity Name)

(Document Number)

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FILED  
2012 MAR 29 AM 11:49  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

J. BRYAN

MAR 30 2012

EXAMINER

# NEIL BRYAN TYGAR, P.A.

LL.M. REAL PROPERTY  
AND LAND DEVELOPMENT

FLORIDA BAR

NEW YORK BAR

DISTRICT OF  
COLUMBIA BAR

CERTIFIED  
CIRCUIT MEDIATOR

CERTIFIED  
APPELLATE MEDIATOR

FORECLOSURE  
MEDIATOR

ADMITTED TO  
PRACTICE BEFORE THE  
FOLLOWING COURTS:

UNITED STATES  
SUPREME COURT

U.S. CLAIMS COURT

U.S. TAX COURT

U.S. COURT OF APPEALS

U.S. COURT OF  
INTERNATIONAL TRADE

U.S. COURT OF  
MILITARY APPEALS

U.S. FEDERAL DISTRICT  
COURT FOR THE  
S.D.F.L., M.D.F.L.,  
E.D.N.Y. AND W.D.N.Y.

BANKRUPTCY BAR  
ASSOCIATION OF THE  
SOUTHERN DISTRICT  
OF FLORIDA

NATIONAL ASSOCIATION OF  
CONSUMER BANKRUPTCY  
ATTORNEYS

March 28, 2012

VIA UPS  
Florida Department of State  
Division of Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, FL 32301

To whom it may concern:

Attached please find the Articles of Amendment to Articles of  
Organization of Christina M., LLC, along with the \$25.00 filing fee check.

If you have any questions please contact us at 561-45280, or by mail at  
5341 W. Atlantic Avenue, # 303, Delray Beach, FL 33484.

Sincerely yours,

Neil Tygar

NT:far  
Encl.

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TALLAHASSEE, FLORIDA  
SECRETARY OF STATE

5341 WEST ATLANTIC AVENUE  
SUITE 303 • DELRAY BEACH • FL • 33484  
PHONE 561-455-0280 • FAX 561-455-0281  
CELLULAR 561-305-5214

## COVER LETTER

TO: **Registration Section**  
**Division of Corporations**

SUBJECT: CHRISTINA M, LLC  
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:

JOSEPH A. FORD, SR

Name of Person

CHRISTINA M, LLC

Firm/Company

238 SW PALM COVE DRIVE

Address

PALM CITY, FL 34990

City/State and Zip Code

pford4121@comcast.net

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

JOESPH A. FORD, SR

Name of Person

at ( 724 )

350-9527

Area Code & Daytime Telephone Number

Enclosed is a check for the following amount:

- ☒ \$25.00 Filing Fee      ☐ \$30.00 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  
Tallahassee, FL 32314

### STREET/COURIER ADDRESS:

Registration Section  
Division of Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, FL 32301

**FILED**  
2012 MAR 29 AM 11:49  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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

**CHRISTINA M, LLC**

(Name of the Limited Liability Company as it now appears on our records.)  
(A Florida Limited Liability Company)

The Articles of Organization for this Limited Liability Company were filed on 8/8/2008

Florida document number L08000076059

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20 MAR 29 AM 11:49  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

This amendment is submitted to amend the following:

**A. If amending name, enter the new name of the limited liability company here:**

The new name must be distinguishable and end with the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."

**Enter new principal offices address, if applicable:**

**(Principal office address MUST BE A STREET ADDRESS)**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Enter new mailing address, if applicable:**

**(Mailing address MAY BE A POST OFFICE BOX)**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**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:

\_\_\_\_\_

New Registered Office Address:

\_\_\_\_\_

*Enter Florida street address*

\_\_\_\_\_, 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 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>	<u>Address</u>	<u>Type of Action</u>
MGRM	Richard Kenneth Ford	223 SW Coconut Key Way Port St Lucie FL 34986	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
MGR	Patricia Ford	238 S.W. PALM COVE DRIVE PALM CITY FL 34990	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
MGRM	Christina M. Ford	238 S.W. PALM COVE DRIVE PALM CITY FL 34990	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove

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FLORIDA

D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Dated March 8, 2012

Joseph A. Ford, SR  
Signature of a member or authorized representative of a member

Joseph A. Ford, SR  
Typed or printed name of signee