# USW00 86467

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W8-84407



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11/07/08--01033--005 \*\*25.00

SECRETARY OF STATE STATE FLORIDA

M. THOMAS

NOV 1 0 2008

**EXAMINER** 

### **COVER LETTER**

A PAR			
TO: Registration So Division of Cou		•	•
SUBJECT:COMM	uzut Capital Pas (Name of Lin	there, LLC	
	(Name of Lin	nited Liability Company)	<del></del>
The enclosed Articles of	Amendment and fee(s) are su	bmitted for filing.	
Please return all correspo	ondence concerning this matter	to the following:	
	Michael E. W 502 NW 16+1	lanen	· · · · · · · · · · · · · · · · · · ·
		(Name of Person)	
	_502 NW 16#	Arence	
		(Firm/Company)	
		(Address)	
	Gamesville, F	City/State and Zip Code)	ES HOW - 7 AH 10: 08
		(City/State and Zip Code)	
For further information c	oncerning this matter, please o	all:	7
Michael	E- Waven	at ( <u>352)</u> 375 - 460 (Area Code & Daytime T	ව
(Name o	of Person)	(Area Code & Daytime T	elephone Number)
•			
Enclosed is a check for th	e 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
Tallahass ee, 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

Convengut Capita	I Portners	;,Luc		
Convenged Capita (Name of the Limited L (A F	iability Company lorida Limited Lia	y as it now appears on oblitity Company)	our records.)	
The Articles of Organization for this Limited Liable Florida document number 2080000 86467	bility Company w	vere filed on <u>9/6/0</u>	3	and assigned
This amendment is submitted to amend the follow	ving:			
A. If amending name, <u>enter the new name of t</u>	<u>he limited liabili</u>	ity company here:		-100 Z
The new name must be distinguishable and end with "L.L.C."	the words "Limite			製工
Enter new principal offices address, if applical	ble:	Sor NW 160 Baines ville	th Avenue	· 第2
(Principal office address MUST BE A STREET	'ADDRESS)	Baines ville	,FL 3260	<u>,1</u>
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE B	<u>·0X)</u>	game as a bo	ne.	<del></del>
B. If amending the registered agent and/or registered agent and/or the new registered offi	ce address here:	-	. —	<del></del>
Name of New Registered Agent:	Michael	E. Warven  N 16th Aven  (Enter F.  ville  (City)		
New Registered Office Address:	502 NU	V 16th Avenu	U Florida street a	ddrass)
	Au. ·	(Enter P	The state of the s	37.601
	gaine	(City)	, riorida	(Zip Code)
New Destate and Assess 61.				

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 ro 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, FIS. 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, name, and address of each Manager or Managing Member being added or removed from our records</u>:

MGR = Manager

<del></del>	Michael E-Wanen	502 NW 16th Ave. Gamenyle, Fl 32601	Add Remove
	Ken McGrun	POBOX 2900 Garnewille Pr 32602	Add Remove
	J		Add Remove
·			Add Remove 1
			OF STATE
<del></del>			Add Remove
). If amendi 	ing any other information, enter chang	ge(s) here: (Attach additional sheets, if necessa	ry.)
Dated 4	H November 200		<del></del>
rateu	. , , , , , , , , , , , , , , , , , , ,		
-	Signature of a member	r or authorized representative of a member	<del></del>

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Filing Fee: \$25.00