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M. THOMAS

DEC 15 2009

**EXAMINER** 

## **COVER LETTER**

SUBJECT: BRITTON UNITMI	TEN ILC	
	ed Liability Company	
The enclosed Articles of Amendment and fee(s) are sub-	mitted for filing.	
Please return all correspondence concerning this matter	to the following:	
VERONICA	DENISE BRITTON Name of Person	
BRITTON UN	LIMITED, LLC Firm/Company	
P.O. BOX 3	43623	
	Addiess	
MIAMI, FL.	33034-0623 City/State and Zip Code	
_	YAHOD. COM  be used for future annual report notifical	TALLAHASSEE, FLORID
		tion) 7. O
For further information concerning this matter, please ca	all:	
VERONICA D. BRITTON	at (305) 606-14 Area Code & Daytime T	26
Name of Person	Area Code & Daytime T	elephone Number
Enclosed is a check for the following amount:		
\$25.00 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	STREET/COURIER Registration Section	R ADDRESS:

**Division of Corporations** P.O. Box 6327

Registration Section Division of Corporations

TO:

Tallahassee, FL 32314

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

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

(Name of the Limited	IMITED LI Liability Company Florida Limited Liab	as it now appears on our control of the control of	r records.)				
The Articles of Organization for this Limited Liability Company were filed on 10-1-2008 and assigned							
Florida document number <u>LDR000093</u>	3161.						
This amendment is submitted to amend the follow	wing:						
A. If amending name, enter the new name of	the limited liabilit	y company here:					
The new name must be distinguishable and end wit "L.L.C."	h the words "Limited	Liability Company," the	designation "LL	C" or the abbre	 eviation		
Enter new principal offices address, if applica	able:		······································		<del></del>		
(Principal office address MUST BE A STREE	T ADDRESS)			<u></u>			
	-	***************************************	TALLA	2)199 DEC	<u> </u>		
Enter new mailing address, if applicable:	- DAV						
(Mailing address MAY BE A POST OFFICE I	<u> </u>		<u> </u>		可		
B. If amending the registered agent and/o		e address on our rec	ords, <u>enter th</u>	echaine & th	ie new		
registered agent and/or the new registered of	nce address nere:			"per			
Name of New Registered Agent:	VERONI	CA DENISE	BRIT	TON			
New Registered Office Address:	416 NW	9TH PLACE	ida street addre	>66			
	FINDTNA	CITY					
	1 LUNL UM	City	, riorias <u> </u>	Zip Code	<del></del>		
New Pegistered Agent's Signature if changing P	egistered 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

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>	Address	Type of Action
MGRM	VERONICA DENISE BRITTON	P.O. BOX 343623 MIAMI, FL. 33039-0623	Add Remove
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D. If amendi	ng any other information, enter change(	(s) here: (Attach additional sheets, if necessary.)	· · · · · · · · · · · · · · · · · · ·
Dated <u>DE</u>	Moha BAS.		
		TON TR. r printed name of signee	

Page 2 of 2

Filing Fee: \$25.00