## L0800093483

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(Cit	y/State/Zip/Phone	e #)
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**EXAMINER** 



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DIVISION OF CONTOLATION



1397-1723

## **COVER LETTER**

SUBJECT: Deep, Down & Up 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:

Frea Hollingsworth	, III	
	(Name of Person)	
	(Firm/Company)	
		•
5151 Jungle Plum f	Road	
	(Address)	
Sarasota, FL 34242		
	(City/State and Zip Code)	

For further information concerning this matter, please call:

Guy Heyl

**Registration Section** 

at (407 ) 405-6007

(Name of Person)

(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

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Deep, Down & Up LLC			
( <u>Name of the Limited Liability</u> (A Florida L	Company as it now appears on our imited Liability Company)	records.)	
The Articles of Organization for this Limited Liability Co	ompany were filed on October 1, 2	008 and a	ssigned
Florida document number L08000093483	<u></u> .		
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limit	ted liability company here:		
Down, Deep & Up LLC			
The new name must be distinguishable and end with the word 'L.L.C."	ds "Limited Liability Company," the d	esignation "LLC" or the	abbreviation
Enter new principal offices address, if applicable:			2 5
(Principal office address MUST BE A STREET ADDRI	ESS)	<u> </u>	SICE
		3	
Enter new mailing address, if applicable:		3	<b>2</b> 목사학
(Mailing address MAY BE A POST OFFICE BOX)		ŗ.	<b>3</b> 55 55
	***************************************	2	3 80
	<u> </u>		
B. If amending the registered agent and/or registeregistered agent and/or the new registered office addr		rds, <u>enter the name</u>	of the nev
registered agent and/or the new registered office addr	ess nere:		
Name of New Registered Agent:		· · · · · · · · · · · · · · · · · · ·	
New Registered Office Address:			
	(Enter Flori	da street address)	
<del></del>	/	Florida(Zip Co	4-1
	(City)	(Zip Co	ae)

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 or Managing Member being added or removed from our records:

MGR = Ma MGRM = N	nager Ianaging Member		
<u>Title</u>	Name	Address	Type of Action
			Add Remove
			Add Remove
			Add Remove
			Add Remove
			Add Remove
			Add Remove
D. If amend	ding any other information, enter chang	ge(s) here: (Attach additional sheets, if necessary.	) —
			-
	January 14 , 2009		
		As Member Manager.  er or authorized representative of a member	
	Signature of a member Fred Hollingsworth, III	er or authorized representative of a member	
	Typed	d or printed name of signee	<del></del>

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Filing Fee: \$25.00