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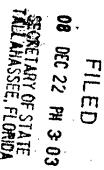
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D. BRUCE

DEC 2 3 2008

EXAMINER

COVER LETTER

TO: Registration Sec Division of Corp		
SUBJECT:	(Name of Limited Liability Company)	
	(Name of Limited Liability Company)	
The enclosed Articles of A	amendment and fee(s) are submitted for filing.	
Please return all correspon	dence concerning this matter to the following:	
	Paul Buchele (Name of Person)	
	(Name of Person)	
	(Firm/Company)	
	6350 Pinetree Dr. (Address)	
	Miami Beach, FL 33141 (City/State and Zip Code)	22 PM ARY OF S SSEE, FL
	(City/State and Zip Code)	F 31
For further information co	ncerning this matter, please call:	1080 31VL 0 &
Paul Brei	chele at (305) 803-8357	<u> </u>
(Name of	Person) (Area Code & Daytime Telephone	e Number)
Enclosed is a check for the	e following amount:	
\$25.00 Filing Fee	Certificate of Status Certified Copy (additional copy is enclosed)	0.00 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

C&P on Byron	LLC	
(<u>Name of the Limited Liability Compan</u> (A Florida Limited L	iy as it now appears on our r iability Company)	ecords.)
The Articles of Organization for this Limited Liability Company	were filed on $10/25$	3/2008 and assigned
Florida document number L08600100126		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liabi	ility company here:	
NA		
The new name must be distinguishable and end with the words "Limit "L.L.C."	ted Liability Company," the de	esignation "LLC" or the abbreviation
Enter new principal offices address, if applicable:	NA	
(Principal office address MUST BE A STREET ADDRESS)		
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	NIR	FILED DEC 22 PM 3 OF STATE ANASSEE, FLORIDA
B. If amending the registered agent and/or registered off registered agent and/or the new registered office address here	fice address on our recor <u>e</u> :	
Name of New Registered Agent:	/A	
New Registered Office Address:	(Enter Florid	da 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> Name **Address** Type of Action MGRM Paul Buchele

MGR Paul Buchele 6350 Pinetree Dr. Remove 6350 Pinetra Dr 🗖 Remove Remove 🗖 Add Remove Remove ┌ Add Remove D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) Signature of a member or authorized representative of a member Buchele Typed or printed name of signee

Page 2 of 2

Filing Fee: \$25.00