

L08000100792

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(Address)

(Address)

(City/State/Zip/Phone #)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

C. LEWIS

MAR 8 2010

EXAMINER

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Charleston Heights, 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:

Joe W. Adams

Name of Person

Charleston Heights, LLC

Firm/Company

6001 State Road 11

Address

DeLeon Springs, FL 32130

City/State and Zip Code

Dudley57@wildblue.net

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

For further information concerning this matter, please call:

Joe W. Adams

Name of Person

at (386)

985-0692

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**

FILED
2010 MAR -5 PM 2:43
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Charleston Heights, 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 October 27, 2008 and assigned Florida document number L08000100792.

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:

6001 State Road 11

(Principal office address MUST BE A STREET ADDRESS)

DeLeon Springs, FL 32130

Enter new mailing address, if applicable:

6001 State Road 11

(Mailing address MAY BE A POST OFFICE BOX)

DeLeon Springs, FL 32130

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:

Joe W. Adams

New Registered Office Address:

6001 State Road 11

Enter Florida street address

DeLeon Springs

Florida

32130

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	Alan W. Himmer	5 Navajo Trail Ormond Beach, FL 34134	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
MGRM	Carol A. Himmer	5 Navajo Trail Ormond Beach, FL 34134	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
MGRM	Joe W. Adams	6001 State Road 11 DeLeon Springs, FL 32130	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
MGRM	Betty L. Adams	6001 State Road 11 DeLeon Springs, FL 32130	<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

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

Dated March 5, 2010


Signature of a member or authorized representative of a member

Joe W. Adams

Typed or printed name of signee

Page 2 of 2

Filing Fee: \$25.00

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TALLAHASSEE, FLORIDA

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