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JUN 29 2009

**EXAMINER** 

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06/26/09--01016--014 \*\*25.00

FILED
2009 JUN 26 PM 2:2.
SECRETARY OF STATE

## **COVER LETTER**

TO: Registration Section Division of Corporations
SUBJECT: CDS Clearwater 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:
Karen Vermilyea Name of Person
. COS Firm/Company
3299 NW 2nd Aug Address
Boca Raton FL 33431  City/State and Zip Code  Kvermilyea @ Cdsintinc.com  E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Name of Person at 561 278 -1169 X 2313  Area Code & Daytime Telephone Number
Enclosed is a check for the following amount:
\$25.00 Filing Fee \$\ \text{Certificate of Status} \text{S55.00 Filing Fee & Certified Copy (additional copy is enclosed)} \text{S60.00 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

(Name of the Limited Lia (A Flo	Arwater ability Company as orida Limited Liabil	s it now appears on our rec lity Company)	SE DRETARET
The Articles of Organization for this Limited Liabi Florida document number <u>LOSDOOID2</u>	lity Company wer 159	e filed on <u>10 -30-08</u>	SSAY and assigned 2: 2
This amendment is submitted to amend the following	ng:		Dm -
A. If amending name, enter the new name of the	e limited liability	company here:	
The new name must be distinguishable and end with th "L.L.C."	ne words "Limited I	Liability Company," the design	gnation "LLC" or the abbreviation
Enter new principal offices address, if applicable	e:	1330 S M	SSOUR; Ave. FL 83756
(Principal office address MUST BE A STREET A	(DDRESS)	Clearwater	FL 83756
Enter new mailing address, if applicable:  (Mailing address MAY BE A POST OFFICE BO.)	<u></u>		
B. If amending the registered agent and/or registered agent and/or the new registered office	registered office e address here:	address on our records	, enter the name of the new
Name of New Registered Agent:			
New Registered Office Address:		Enter Florida s	street address
-			orida
	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 Title <u>Name</u> Address **Type of Action** ☐ Add Remove ☐ Add Remove □Add Remove ∏Add Remove D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) Dated\_ Signature of a member or authorized representative of a member Milmoe Typed or printed name of signee

Page 2 of 2

Filing Fee: \$25.00