L08000107706

(Reques	tor's Name)	
(Address	3)	
(Address	s)	
(City/Sta	te/Zip/Phone	#)
PICK-UP	WAIT	MAIL
(Busines	s Entity Nam	e)
(Docume	ent Number)	
Certified Copies	Certificates	of Status <u>English</u> :

Special Instructions to Filing Officer:

L. SELLERS

AUG 12 2009

EXAMINER

Office Use Only



900159263239

08/10/09--01008--018 **25.00

O9 AUG 10 AM 10: 2
SECRETARY OF STAIL

COVER LETTER

TO: Registration Section Division of Corporations						
SUBJECT:						
The enclosed Articles of Amendment and fee(s) are submitted for filing.						
Please return all correspondence concerning this matter to the following:						
Thomas 2 - Elliott Name of Person						
T. L. Flliott, LLC						
3285 Garcia St						
North Port Fl 34286 City/State and Zip Code						
Snook ful e 901, Com E-mail address: (to be used for future annual report notification)						
For further information concerning this matter, please call:						
Thomas L. Elliott at (74) 426-6558 Name of Person at (74) 426-6558 Area Code & Daytime Telephone Number						
Enclosed is a check for the following amount:						
\$25.00 Filing Fee \$\ \times \text{Solution} \text{Solution} \text{Filing Fee & Certificate of Status} \text{Solution} \text{Solution} \text{Filing Fee & Certificate of Status & Certified Copy (additional copy is enclosed)} \text{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

T. L. Elliott. LLC
(Name of the Limited Liability Company as it now appears on our records.) (A Florida Limited Liability Company)
11 10 0 0
The Articles of Organization for this Limited Liability Company were filed on
Florida document number L08 000 10 77 0.6
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:
(Principal office address MUST BE A STREET ADDRESS)
Enter new mailing address, if applicable:
(Mailing address MAY BE A POST OFFICE BOX)
B. If amending the registered agent and/or registered office address on our records, enter the name of the ne
registered agent and/or the new registered office address here:
Name of New Registered Agent:
New Registered Office Address:
Enter Florida street address
, Florida
City Paristand Aparts Simpler is showing Paristand Aparts
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 an accept the obligations of my position as registered agent as provided for in Chapter 608, F.S. Or, #this accument is
being filed to merely reflect a change in the registered office address, I hereby confirm that the linguistic limits is
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 = Manager MGRM = Managing Member

Title	<u>Name</u>	Address		Type of Action
MGRM	Christine L.	Elliott	3285 Garcia North Port, FI	SA Add Remove
				Add Remove
				Add Remove
				Add Remove
				Add Remove
				Add Remove
D. If amend	ing any other information, enter o	change(s) here: (/	Attach additional sheets, if neces	ssary.)
	1	7049		
Dated <u>RV</u>	Thomas L B	2009 21110H Tember or authorized	representative of a member	FIL D9 AUG 10 SECRETARY
-	· · · · ·	Typed or printed nate Page 2 o	me of signee	AND 22
		, ,		86 %

Filing Fee: \$25.00