L08000/08208

(Re	equestor's Name)			
(Address)				
(Ac	ldress)			
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SECRETARY OF STATE
FALLAHASSEF, FI OPIN

J. BRYAN

MAR 1 2 2009

EXAMINER

COVER LETTER

TO: Registration Se Division of Cor				
SUBJECT: Centurion	T.C.D. Member II.C.			
SOBODO II GOMANIA		ited Liability Company)		_
	Amendment and fee(s) are sub	-	:	OS MAR 11 AM 11:46 SECRETARY OF STATE
	DANIEL MARZANO			SSEE.
		(Name of Person)		TOT
	COSCULLUELA & MAR	ZANO, P.A.		ATE ARIES
		(Firm/Company)		
	14211 COMMERCE WA			
		(Address)		
	MIAMI LAKES, FL 33016			
		(City/State and Zip Code)		
For further information co	oncerning this matter, please c	all:		
DANIEL MARZANO		at (305) 817-2170		
(Name of Person) (Area Code & Daytime Telephone Number)				')
Enclosed is a check for th	e following amount:			
□ \$25.00 Filing Fee	☑\$30.00 Filing Fee & Certificate of Status	□\$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	Certified	e of Status &

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

Centurion T.C.D. Member, LLC
(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

(A Florid	a Limited Liability Company)	: 16
The Articles of Organization for this Limited Liability	Company were filed on 11/21/2008	and assigned
Florida document number L08000108208	·	
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the li	mited liability company here:	
Centurion Capital T.C.D. Member, LLC The new name must be distinguishable and end with the w "L.L.C."	vords "Limited Liability Company," the design	nation "LLC" or the abbreviation
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADI	DRESS)	
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		
B. If amending the registered agent and/or reg registered agent and/or the new registered office ad	•	enter the name of the new
Name of New Registered Agent:		
New Registered Office Address:		
	(Enter Florida si	treet address)
		rida
	(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 of Managing Member being added or removed from our records:

MGR = Ma MGRM = I	nnager Managing Member		
<u>Title</u>	Name	Address	Type of Action
			Add Remove
			Add Remove
			Add Remove
D. If amen	ding any other information, enter c	change(s) here: (Attach additional sheets, if necess	ary.)
			O9 HAR I I
Dated	JEBRUARY 20,	2 CW 9 .	AMII: 46
	FIRM	ember or authorized representative of a member (ES (a MILLE)) Typed or printed name of signee	,

Page 2 of 2

Filing Fee: \$25.00