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M. THOMAS

DEC 29 2008

EXAMINER

COVER LETTER

TO: Registration Section Division of Corporations	•
SUBJECT: 282, LLC (Name of Limited Liab	ility Company)
The enclosed Articles of Amendment and fee(s) are submitted for	or filing.
Please return all correspondence concerning this matter to the fo	llowing:
VINCENT A	DDONISIO me of Person)
282, LL	m/Company)
16805 U.S.	(Address)
CLEARWATER	$\frac{2}{\text{El. }}$ $\frac{33'/6'}{\text{Code}}$
For further information concerning this matter, please call:	OB DEC 2
VINCENT ADDONISIO a	(Area Code & Daytime Telephone Number) (Area Fig. 1) (Area Fig. 1) (Area Fig. 2) (Area Fig. 2) (Area Fig. 3) (Area Fig. 3)
Enclosed is a check for the following amount:	ID: 54 STATE CORIDA
	5.00 Filing Fee & \$\square\$

MAILING ADDRESS:

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

STREET/COURIER ADDRESS:

Certified Copy

(additional copy is enclosed)

Registration Section
Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

(additional copy is enclosed)

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

282, LLC			
(Name of the Limited Liability Compar (A Florida Limited L	ny as it now appears on our records.) iability Company)		
The Articles of Organization for this Limited Liability Company Florida document number <u>LOSOOIO 977/</u> .	were filed on NOV Z6, Z008	and assigned	
This amendment is submitted to amend the following:			
A. If amending name, <u>enter the new name of the limited liab</u>	ility company here:		
The new name must be distinguishable and end with the words "Limi"L.L.C."	16805 US HWY 10 CLEARWATER, FL	or the abbreviation	
Enter new principal offices address, if applicable:	16805 US HWY 10	7 N	
(Principal office address MUST BE A STREET ADDRESS)	CLEARWATER, FL	33764	
Enter new mailing address, if applicable:		C 24 14888	
(Mailing address MAY BE A POST OFFICE BOX)			
(Mulling duuress MAT BE A POST OFFICE BOA)		PSTA	
B. If amending the registered agent and/or registered of registered agent and/or the new registered office address here	· · · · · · · · · · · · · · · · · · ·	name of the new	
Name of New Registered Agent:			
New Registered Office Address:			
	(Enter Florida street address)		
	, Florida		
	(City)	Zip Code)	
Naw Degistered Agent's Signature if changing Degistered Agent:			

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>	Address	Type of Action			
<u>MGRM</u>	VINCENT ADDONISIO	16805 US HWY 19 N CLEARWATER, FL. 33764	Add Remove			
16RM	DAVID GIORGIONE		Add Remove			
M6R	DAVID GIORGIONE	16805 US HWY 19 N CLEARWATER, FL. 33764	Add Remove			
M6R	ANTHONY AMICO	16805 US HWY 19N CLEARWATER, FL 32764	Add Remove			
D. If amen	ding any other information, enter change	(s) here: (Attach additional sheets, if necessary.)	OB DEC 24, AH JO: 54 Coconover AR JO: 54 TARRESTATE ARBITATE TARRESTATE ARBITATE TO ARBITA			
 Dated	12-22, 200 Vincent Addi Signature of a member of VINCENT ADDIC	28. Mission or authorized representative of a member				
	VINCENT ADDO	or printed name of signee				

Page 2 of 2

Filing Fee: \$25.00