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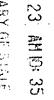
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T. CLINE

DEC 24 2009

EXAMINER

COVER LETTER

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TOS · Registration Section

Division of C	orporations				
SUBJECT:	DG ED	GEWATER LLC			
		Name of Limited Liability Company			
The enclosed Articles o	of Amendment and fee(s) are su	bmitted for filing.			
Please return all corresp	ondence concerning this matte	r to the following:			
		George G Pappas			
		Name of Person			
	George G Pappas P.A.				
	Firm/Company				
	1822 N Belcher Road, Suite 200				
		Address			
	Cle	earwater, Florida 33765			
		City/State and Zip Code	720 TAI		
	E-mail address:	trifon@fspsllc.com (to be used for future annual report notification)			
For further information	concerning this matter, please	call:	2000 DEC 23 AN ASSELF		
Ge	orge G Pappas	at (727) 447-4999	mber Co S		
Name	of Person	Area Code & Daytime Telephone Nu	mber company		
Enclosed is a check for	the following amount:				
₹25.00 Filing Fee	\$30.00 Filing Fee & Certificate of Status	Certified Copy Cert (additional copy is enclosed) Cert	O Filing Fee, ificate of Status & ified Copy itional copy is enclosed)		
Regis Divisi P.O. I	LING ADDRESS: tration Section on of Corporations Box 6327 tassee, FL 32314	STREET/COURIER ADDRES Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle	S:		

Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

		ATER LLC					
(<u>Name of the Limited Lia</u> (A Flo	bility Compa orida Limited I	ny as it now appear Liability Company)	s on our records.)				
The Articles of Organization for this Limited Liabil	12/12/2008	and assi	and assigned				
Florida document numberL0800011368	0						
This amendment is submitted to amend the following	ng:						
A. If amending name, enter the new name of the	e limited liab	ility company her	<u>e</u> :				
The new name must be distinguishable and end with th "L.L.C."	e words "Limi	ited Liability Compa	ny," the designation	n "LLC" or the al	obreviation		
Enter new principal offices address, if applicable:		3780 Tampa Road					
(Principal office address MUST BE A STREET A	DDRESS)	Suite 201					
		Oldsmar, Flo	rida 34677	72 28 28 28 28 28 28 28 28 28 28 28 28 28			
				CART	7 2		
Enter new mailing address, if applicable:		3780 Tampa Road					
(Mailing address MAY BE A POST OFFICE BOX)		Suite 201		SEC 3	2.11		
		Oldsmar, Florida 34677			g, row-real		
B. If amending the registered agent and/or registered agent and/or the new registered office			our records, ente	er the name-of	the new		
Name of New Registered Agent:	THBM, LLC						
New Registered Office Address:	3780 Tampa Road, Suite 201						
New Aggistered Office Address.	Enter Florida street address						
		Oldsmar	, Florida	34677	•		
_	· · · · · · · · · · · · · · · · · · ·	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.

THBM, LLC

If Changing Registered Agent, Signature of New Registered Agent
By Trifon Houvardas, MGRM

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 Title <u>Name</u> **Address** Type of Action **MGRM CSC Properties LLC** 4592 Ulmerton Road, Suite 102 ✓ Remove Clearwater, Florida 33762 THBM, LLC MGR 3780 Tampa Road ✓ Add Suite 201 Remove Oldsmar, Florida 34677 Add 🗌 Remove Add Remove □Add Remove ∐Add Remove D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) December 2**0**09 Dated Signature of a member or authorized representative of a member Trifon Houvardas Typed or printed name of signee

Page 2 of 2

Filing Fee: \$25.00