L08000/15572

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EXAMINER



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COVER LETTER

TO: Registration S Division of Co				
SUBJECT: Cooms	all Co., LLC		0	
Subsect.		ited Liability Company)		
	`Amendment and fee(s) are sub ondence concerning this matter	_		
	Timothy J. Allen, Jr.			
		(Name of Person)		
	Law Offices of Tim Allen, P.A.			
	(Firm/Company)			
	1925 E. Hallandala Basa	A DIVID DAND #EOE	TILL PI	a:**
	1835 E. Hallandale Beac	(Address)		T
			PM 3: 27 SEE FLORID	•
	Hallandale, Florida 3300		27	
		(City/State and Zip Code)		
For further information of	concerning this matter, please c	ali:		
Timothy J. Allen, Jr.		at (305) 588-2451		
· · · · · · · · · · · · · · · · · · ·	of Person)	(Area Code & Daytime T	elephone Number)	
Enclosed is a check for t	he following amount:			
☑ \$25.00 Filing Fee	□\$30.00 Filing Fee & Certificate of Status	□\$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	□\$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)	
Regist Divisio P.O. B	ING ADDRESS: ration Section on of Corporations tox 6327 assee, FL 32314	STREET/COURIER Registration Section Division of Corporation Clifton Building 2661 Executive Cente	ons	

Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Coomsall Co., LLC					
(Name of the Limited Liability Com (A Florida Limite	pany as it now appears on our red Liability Company)	ecords.			
The Articles of Organization for this Limited Liability Company were filed on 12-18-2008			and a	and assigned	
Florida document number 1.08000115572					
This amendment is submitted to amend the following:					
A. If amending name, enter the new name of the limited li	iability company here:				
The new name must be distinguishable and end with the words "L".L.C."	imited Liability Company," the de	esignation "LL	C" or th	e abbreviatio	
Enter new principal offices address, if applicable:		Z S	2009		
(Principal office address MUST BE A STREET ADDRESS)	<u> </u>	27	JA	""	
Enter new mailing address, if applicable:		ARY OF S	26 PM		
(Mailing address MAY BE A POST OFFICE BOX)		RAI	3: 27		
B. If amending the registered agent and/or registered registered agent and/or the new registered office address h		ds, <u>enter th</u> e	e name	of the ne	
Name of New Registered Agent:					
New Registered Office Address:	(Enter Floric	da street addr	ess)		
		Florida			
	(City)	<u></u>	(Zip C	ode)	

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, <u>enter the title, name, and address of each Manager or Managing Member being added or removed from our records</u>:

MGR = Manager

<u> Fitle</u>	<u>Name</u>	Address	Type of Action
			Add
			Remove
<u>.</u>		und Timmer	_ a Add
		21.4 2 2.4 2 2.4	Remove :
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		38	Add Remove
			
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			Add Remove
	-	ge(s) here: (Attach additional sheets, if necessary	.) V _
AL	DIL DAMI KOHEN'S name contains a spei	ling error. DAMI should be spelled as "DANI".	— X
			
_			
	ary 21 , 2009		<u> </u>
Dated Janua		Law Offices of Tim Alla,	r.A.
Dated <u>Janua</u>			
Dated <u>Janua</u>	Signature of a member	r or authorized representative of a member	

Page 2 of 2

Filing Fee: \$25.00