## L09000002288

(Reque	stor's Name)	
(Addres	ss)	9- <i>/</i>
(Addres	ss)	
(Citv/St	ate/Zip/Phone #)	
	WAIT	☐ MAIL
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(Busine	ss Entity Name)	
(Docun	nent Number)	
Certified Copies	Certificates of	Status
Special Instructions to Filin	g Officer:	

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12/14/09--01001--012 \*\*25.00



B. KOHR

DEC 1 4 2009

**EXAMINER** 





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December 1	1.	2009
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CORPORATION NAME (S) AND DOCUMENT NUMBER (S) 932 Fruit Cove Road, LLC				
Filing Evidence  □ Plain/Confirmation (	Сору	Type of Docum  ☐ Certificate of Sta		
⊠ Certified Copy		☐ Certificate of Go	od Standing	
		☐ Articles Only		
Retrieval Request  Photocopy		Articles & Amer  □ Fictitious Name		
□ Certified Copy	<u></u>	□ Other	CORPE	
NEW FILINGS		AMENDMENTS	AH OF 1	
Profit	X	Amendment	13	
Non Profit		Resignation of RA Officer/Director		
Limited Liability		Change of Registered Agent		
Domestication		Dissolution/Withdrawal		
Other		Merger		
OTHER FILINGS		REGISTRATION/QUALIFICATION		
Annual Reports		Foreign	]	
Fictitious Name		Limited Liability		
Name Reservation		Reinstatement		
Reinstatement		Trademark		
		Other		

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

(Name of the Limited Liability Com (A Florida Limite	ove Road, LLO  pany as it now appead Liability Company	ers on our records.)	<del></del>
he Articles of Organization for this Limited Liability Compa	any were filed on	January 8, 2009	and assigned
lorida document number L09000002288	_		- 09 King
CARLE GOCKHOM MARKET			OBOEC
his amendment is submitted to amend the following:			- CAR
•			7,00 7,700 7
. If amending name, enter the new name of the limited	<u>liability company h</u>	ere:	5
	torage, LLC		
he new name must be distinguishable and end with the words "I L.L.C."	Limited Liability Con	pany," the designation "Ll	LC" or the abbreviat
•			
nter new principal offices address, if applicable:			
Principal office address MUST BE A STREET ADDRESS	2		
inter new mailing address, if applicable:			
Mailing address MAY BE A POST OFFICE BOX)		,	·
		<del></del>	
3. If amending the registered agent and/or registered	i office address o	n ann racarde anter ti	he name of the r
egistered agent and/or the new registered office address		dui recorda, <u>circi u</u>	ac manae or the r
•			
Name of New Registered Agent:		· · · · · · · · · · · · · · · · · · ·	
Nove Beginsend Office Address.			
New Registered Office Address:		Enter Florida street add	ress
		, Florida	
<del></del>	City		Zip Code
	•		-
New Registered Agent's Signature, if changing Registered Ag	- Value		

If Changing Registered Agent, Signature of New Registered Agent

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.

MGR = Manager

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:

MGRM = !	Managing Member		
Title	Name	<u>Address</u>	Type of Action
	<del>1884-1884 - 188</del>		Add
			Kemove
			Add
· ·			Kenkve
			Add
•			
			Add Remove
<del></del>			Add Remove
			Remove
D. If ame	nding any other information, enter chang	e(s) here: (Attach additional sheets, if necessary.,	•
·			
٠	·		<del></del>
			<del></del>
Dated	December 10 , 20	009	
	Signature of a member	r or authorized representative of a member	<del></del> -
· · .	Krist	topher D. Robinson	_
	Турес	or printed name of signee	<del></del>

Page 2 of 2

Filing Fee: \$25.00