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DIVISION OF COLOR SINE 59

T. HAMPTON

JAN 2 0 2009

EXAMINER

COVER LETTER

TO: Registration Se Division of Cor			
SURJECT: WEST	THOMAS STREET,	LLC.	
SUBJECT, VICE		ited Liability Company)	,
The enclosed Articles of	Amendment and fee(s) are sub	omitted for filing.	
Please return all correspon	ndence concerning this matter	to the following:	
	STEPHEN COUTURE		
		(Name of Person)	
	_	(Firm/Company)	
		(Address)	
	TAMPA, FLORIDA 3360		
		(City/State and Zip Code)	
For further information co	oncerning this matter, please or	all:	
STEPHEN COUTURE		at (813) 234-3068	
(Name o	f Person)	at (<u>813</u>) 234-3068 (Area Code & Daytime T	elephone Number)
Enclosed is a check for the	e 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)

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

WEST THOMAS STREET, LLC.	_				
(<u>Name of the Limited Liabii</u> (A Florid	ity Company as it now appears on o a Limited Liability Company)	ur records.)			
The Articles of Organization for this Limited Liability Company were filed on 1-13-09					
Florida document number <u>L 490000541</u>	19.				
This amendment is submitted to amend the following:					
A. If amending name, <u>enter the new name of the li</u>	mited liability company here:				
The new name must be distinguishable and end with the w"L.L.C."	vords "Limited Liability Company," th	e designation "LLC" or the abbreviation			
Enter new principal offices address, if applicable:					
(Principal office address MUST BE A STREET AD)	<u>ORESS)</u>	09 R			
		JAN AN			
		— 易致 ⁻			
Enter new mailing address, if applicable:		<u>~~~</u>			
(Mailing address MAY BE A POST OFFICE BOX)		AH OF			
		5 AT CE			
		OKS 051			
B. If amending the registered agent and/or reg registered agent and/or the new registered office ad		cords, enter the name of the new			
registered agent and/or the new registered office ad	idi ess nere:				
Name of New Registered Agent:					
New Registered Office Address:					
	(Enter Flo	orida street address)			
		_, Florida			
	(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 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	<u>Туре</u>	of Action
MGRM	IRENE R.	COUTURE	5310 NORTH CENTRAL AVENUE , SUITEA TAMPA, FLORIDA 33603	₽¶ Ad ₽Ø Re	ld move
MGRM	IRENE PEVOCABLE TUNK	TRUST DATED	5310 NORTH CENTRAL AVENUE , SUITEA TAMPA, FLORIDA 33603	Ad Re	ld move
				[] Ad [] Re	ld move
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D. If am	nending any other	information, enter chang	ge(s) here: (Attach additional sheets, if necessary.)	09 JAN 16 AMII: 59	FILED SECRETARY OF STATE DIVISION OF CORPORATIONS
Dated JA	NUARY 14	, 2009	•	_	Ĉ
		Signature of a month	r or authorized representative of a member	.	
			i of audiorized representative of a member		
		STEPHEN COUTURE	or printed name of signee		

Page 2 of 2

Filing Fee: \$25.00