

LD9000004149

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



200242903532

12/26/12--01017--020 **25.00

FILED
2012 DEC 26 AM 11:48
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

N. Culligan DEC 28 2012



Harter Secrest & Emery LLP

ATTORNEYS AND COUNSELORS

WWW.HSELAW.COM

December 21, 2012

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

Re: West Thomas Street, LLC

Dear Sir or Madam:

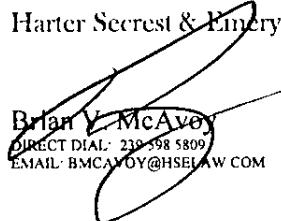
Enclosed are an Amendment to Articles of Organization for the above-referenced Company and a \$25 check payable to the Division of Corporations representing the filing fee.

Please file the enclosed, and return a time-stamped copy of this letter to us in the envelope provided.

Thank you.

Very truly yours,

Harter Secrest & Emery LLP


Brian V. McAvo
DIRECT DIAL: 239-598-5809
EMAIL: BMCAVO@HSELAW.COM

Circular 230 Disclosure. Pursuant to certain federal tax regulations, we must inform you that, unless expressly stated otherwise, any advice contained in this correspondence or any attachment hereto relating to federal taxes is not intended or written to be used, and cannot be used, by any person for the purpose of avoiding any federal tax penalties or promoting, marketing or recommending to another party any matters addressed herein.

BVM:cp
Enclosures

cc: Mrs. Irene Couture
Mr. Stephen Couture

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: **WEST THOMAS STREET, LLC**

Name of Limited Liability Company

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

BRIAN V. McAVOY

Name of Person

HARTER SECREST & EMERY LLP

Firm/Company

5811 PELICAN BAY BLVD.

Address

SUITE 600

City/State and Zip Code

NAPLES, FL 34108

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

BRIAN V. McAVOY

Name of Person

at (**239**) **598-4444**

Area Code & Daytime Telephone Number

Enclosed is a check for the 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

FILED

2012 DEC 26 AM 11:48

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

WEST THOMAS STREET, LLC

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

The Articles of Organization for this Limited Liability Company were filed on 01/13/2009 and assigned
Florida document number L09000004149.

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

The new name must be distinguishable and end with the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."

Enter new principal offices address, if applicable:

(Principal office address MUST BE A STREET ADDRESS)

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here:

Name of New Registered Agent:

New Registered Office Address:

Enter Florida 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 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:

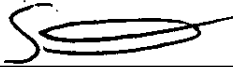
MGR = Manager

MGRM = Managing Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGMR	Irene R. Couture, Trustee Irene R. Couture Revocable Trust, dated June 19, 2006	5310 NORTH CENTRAL AVENUE, SUITE A TAMPA FL 33603	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
		5310 NORTH CENTRAL AVENUE, SUITE A	
MGMR	Stephen R. Couture, Trustee Irene R. Couture Irrevocable Trust of 2012, dated October 9, 2012	TAMPA FL 33603	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove

D. If amending any other information, enter change(s) here: *(Attach additional sheets, if necessary.)*

Dated _____



Signature of a member or authorized representative of a member
Stephen R. Couture, Trustee

Typed or printed name of signee

Page 3 of 3

Filing Fee: \$25.00

FILED
2012 DEC 26 AM 11:48
SECRETARY OF STATE
TALLAHASSEE, FLORIDA