

Division of Corporations **Electronic Filing Cover Sheet** 

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Tc:

Division of Corporations

Fax Number : (850) 617-6383

L. SELLERS

From:

Account Name : CSH SERVICES, LLC

Account Number: I20070000160 : (800)494-3124

Phone Fax Number : (561)455-9885 DEC -2 2009

**EXAMINER** 

\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please. \*\*

## LLC AMND/RESTATE/CORRECT OR M/MG RESIGN TREASURE COVE BUSINESS CENTER, LLC

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Corporate Filing Menu

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

	URE COVE BUSINESS CENT	
(Name of the Limited	Liability Company as it now ap Florida Limited Liability Compa	opeurs on our records.)
(,,	. Froma Emmod District Compa	
The Articles of Organization for this Limited L.	iability Company were filed on	and assigned
Florida document number L09000006061	· · · · · · · · · · · · · · · · · · ·	
This amendment is submitted to amend the following	owing:	
A. If amending name, enter the new name of	the limited liability company	<u>/ here</u> :
The new name must be distinguishable and end with "L.L.C."	h the words "Limited Liability Co	ompany," the designation "LLC" or the abbreviation
Enter new principal offices address, if applic	able:	
(Principal office address MUST BE A STREE	,	
	\(\frac{\pi \frac{1}{2} - \pi}{2} \)	
Enter new mailing address, if applicable:		
	2/17/	
(Mailing address MAY BE A POST OFFICE)	<u></u>	
	<del></del>	21-1-1-1
R If amending the registered agent and/	or registered affice address	on our records, enter the name of the new
registered agent and/or the new registered of		out of the second of the secon
Name of New Registered Agent:	TAMI RUSSELL	
	5117 COMMERCIAL WAY	
New Registered Office Address:	5117 COMMERCIAE WAY	(Enter Florida street address)
•	SPRING HILL	, Florida 34606 Pri
	(City)	, Florida 54000 Fig. Cod
New Registered Agent's Signature, if changing I	, .,	
The Registered Agent's Digitality in Changing (	register the 78E cont.	Sign 1
I hereby accept the appointment as registere the provisions of all statutes relative to the paccept the obligations of my position as regibeing filed to merely reflect a change in the company has been notified in writing of this	roper and complete performa stered agent as provided for i registered office address, I he change.	ince of my duties, and I am Itamiliar with and in Chapter 608, F.S. Or, if itais document is creby confirm that the limited trability
	(If Changing Registere	d Agent, Signature of New Registered Agent)

. s.x

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:

# .09000250273 - 3

MGR = Manager MGRM = Managing Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
MGRM	FRED RUSSELL	5117 COMMERCIAL WAY SPRING HILL FL 34506	Add Remove
MGRM	TAMI RUSSELL	5117 COMMERCIAL WAY SPRING HILL FL 34506	Add Remove
MGRM	PHILIP R CORNICK	5140 W. HURLEY POND RD WALL TOWNSHIP NJ 07727-1605	Add Remove
			Add Remove
			Add Remove
<u></u>			Add Remove
D. If a	mending any other information, enter	change(s) here: (Attach additional sheets, if necess	cary.)
Dated _	4.0	member or authorized representative of a member	09 DEC -
	Fred Russell	Typed or printed name of signce Page 2 of 2	I AM 8: 09

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