

LD9000008271

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

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WAIT

☐

MAIL

(Business Entity Name)

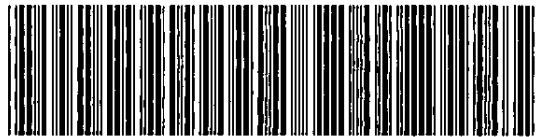
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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2009 JUL 16 AM 10:39

FILED

T. CLINE

JUL 22 2009

EXAMINER

COVER LETTER

TO: Amendment Section
Division of Corporations

NAME OF CORPORATION: L & T Midpoint, LLC

DOCUMENT NUMBER: L09000008271

The enclosed *Articles of Amendment* and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

Nicole R. Ramirez, Esq.

Name of Contact Person

Firm/ Company

13575 58th St. N., Suite 151

Address

Clearwater, FL 33760

City/ State and Zip Code

nicolerramirez@yahoo.com

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

For further information concerning this matter, please call:

Nicole R. Ramirez, Esq.

Name of Contact Person

at (727)

Area Code & Daytime Telephone Number

538-4136

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TALLAHASSEE, FLORIDA

Enclosed is a check for the following amount made payable to the Florida Department of State:

☒ \$35 Filing Fee

☐ \$43.75 Filing Fee &
Certificate of Status

☐ \$43.75 Filing Fee &
Certified Copy
(Additional copy is enclosed)

☐ \$52.50 Filing Fee
Certificate of Status
Certified Copy
(Additional Copy is enclosed)

Mailing Address

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

Street Address

Amendment Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF

L & T MIDPOINT, LLC (sic)
on your records

(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 1-26-09 and assigned
Florida document number

L09000008271

This amendment is submitted to amend the following:

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

L & T MIDPOINT, LLC

The new name must be distinguishable and end with the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C." The name of the LLC has really not changed as evidenced by the original Articles of Organization, however, the Division of Corporations typed the name incorrectly (adding extra "M")

Enter new principal offices address, if applicable:

(Principal office address MUST BE A STREET ADDRESS)

same

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

same

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:

PHONESAVAH (LAY) SIAHAPNAYA

New Registered Office Address:

1700 W. BAY DR.

Enter Florida street address

LARGO FL 33770

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

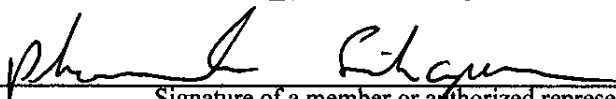
MGRM = Managing Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGR	THOMAS GEORGIADIS	1125 LAKE ST. TARPON SPRINGS FL 34689	<input type="checkbox"/> Add <input checked="" 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.)

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2009 JUL 16 AM 10:39
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Dated 6-2-09



Signature of a member or authorized representative of a member

Typed or printed name of signee

Page 2 of 2

Filing Fee: \$25.00
35.00