

LD9000009615

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

(Business Entity Name)

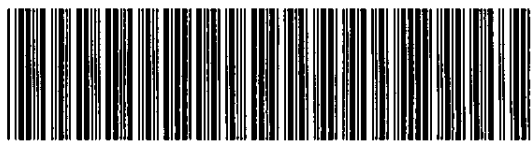
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FILED
13 MAR 22 PM 2:48
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: Common Area Solutions, 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:

Ron Strovo

Name of Person

Common Area Solutions, LLC

Firm/Company

314 N. Spring St.

Address

Pensacola, FL 32501

City/State and Zip Code

ron@commonareasolutions.com

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

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13 MAR 22 PM 2:48
TALLAHASSEE, FLORIDA

For further information concerning this matter, please call:

Ron Strovo

Name of Person

at **850 5295853**

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

Common Area Solutions, LLC

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

FILED
13 MAR 22 PM 2:49
TALLAHASSEE FLORIDA

The Articles of Organization for this Limited Liability Company were filed on 01/29/2009 and assigned
Florida document number L09000009615

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: 314 N. Spring St.
Pensacola, FL 32501
(Principal office address MUST BE A STREET ADDRESS)

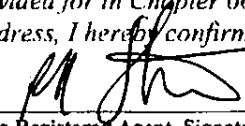
Enter new mailing address, if applicable: 314 N. Spring St.
Pensacola, FL 32501
(Mailing address MAY BE A POST OFFICE BOX)

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: Ron Strobo
New Registered Office Address: 314 N. Spring St.
Enter Florida street address
Pensacola, Florida 32501
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

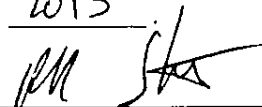
If amending the Managers or Managing Members on our records, enter the title, name, and address of each Manager or Managing Member being added or removed from our records:

MGR = Manager
MGRM = Managing Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGRM	David Nielsen	40 South Palafox Place	<input type="checkbox"/> Add
		Suite 501	<input checked="" type="checkbox"/> Remove
MGR	Michael Flounlacker	314 North Palafox Street	<input type="checkbox"/> Add
		Pensacola, FL 32502	<input checked="" type="checkbox"/> Remove
MGRM	Michael Flounlacker	314 N. Spring St.	<input checked="" type="checkbox"/> Add
		Pensacola, FL 32501	<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 MARCH 17, 2013



Signature of a member or authorized representative of a member

RON Stobo

Typed or printed name of signee