

LO9000021021

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

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MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

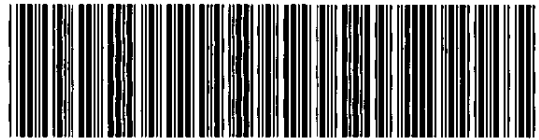
Special Instructions to Filing Officer:

L. SELLERS

MAR 11 2009

EXAMINER

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03/09/09--01018--009 **25.00

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09 MAR -9 AM 8:41
SECRETARY OF STATE
TALLAHASSEE FLORIDA

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Around Tha CORNER L.L.C.
(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:

Eric T Strong
(Name of Person)

Around Tha CORNER L.L.C.
(Firm/Company)

270 TADS TRAIL
(Address)

Oldsmar FL, 34677
(City/State and Zip Code)

For further information concerning this matter, please call:

Eric T Strong at (727) 637-7717
(Name of Person) (Area Code & Daytime Telephone Number)

Enclosed is a check for the following amount:

- | | | | |
|--|--|--|--|
| <input checked="" type="checkbox"/> \$25.00 Filing Fee | <input type="checkbox"/> \$30.00 Filing Fee &
Certificate of Status | <input type="checkbox"/> \$55.00 Filing Fee &
Certified Copy
(additional copy is enclosed) | <input type="checkbox"/> \$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**

Around Tha CORNER L.L.C.
(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 March 3, 2009 and assigned Florida document number LO9000021021.

This amendment is submitted to amend the following:

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

AROUND Tha CORNER L.L.C.
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)

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)

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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:

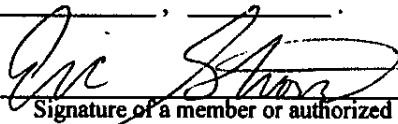
MGR = Manager

MGRM = Managing Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
<u>MGR</u>	<u>Eric T Strong</u>	<u>270 TADS TRAIL</u> <u>Oldsmar FL 34677</u>	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
<u>MGRM</u>	<u>Ta'vois D Strong</u>	<u>2474 Clubside Ct</u> <u>Apt 424 Palm Harbor,</u> <u>FL 34683</u>	<input type="checkbox"/> Add <input type="checkbox"/> Remove
<u>MGRM</u>	<u>CHRISTOPHER A WICKS</u>	<u>6200 Green Rd. Apt 1523</u> <u>Humble, TX 77396</u>	<input type="checkbox"/> Add <input type="checkbox"/> Remove
<u>MGRM</u>	<u>George A Damisch III</u>	<u>1947 SE 32nd St</u> <u>Cape Coral FL 33904</u>	<input type="checkbox"/> Add <input type="checkbox"/> Remove
<u>MGRM</u>	<u>JONATHAN D NUNN</u>	<u>163 SW 3RD TERRACE</u> <u>Cape Coral, FL 33990</u>	<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

Eric Strong

Typed or printed name of signee

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