L09000021522

(Requ	iestor's Name)			
(Addr	ess)	· · · · · ·		
(Addr	ess)			
(City/s	State/Zip/Phon	ne #)		
PICK-UP	☐ WAIT	MAIL		
(Busin	ness Entity Na	me)		
(Document Number)				
Certified Copies	Certificate	s of Status		
Special Instructions to Fi	ling Officer:			

Office Use Only



400156383294

06/10/09--01026--008 **30.00

OF ILMA DINDER

FILED SECRETARY OF STATE DIVISION OF CORPORATION

T. HAMPTON

JUN 1 1 2009

EXAMINER

COVER LETTER

τ̈́O:

Registration Section

P.O. Box 6327

Tallahassee, FL 32314

217131011 01 00	rporations		
SUBJECT:			
The enclosed Articles of	Amendment and fee(s) are sub	omitted for filing.	
Please return all correspondence	ondence concerning this matter	to the following:	·
		Dana Black	· · · · · · · · · · · · · · · · · · ·
		Name of Person	
		Firm/Company	
		704 Nautilus Dr.	
	-	Port.St. Joe, FL 32456	
	<u></u>	City/State and Zip Code	
	Makert E-mail address: (2 a fair form T. rut to be used for future annual report notificat	ion)
For further information of	concerning this matter, please of	eall:	
	Dana Black		17-3773
Name of Person		Area Code & Daytime To	elephone Number
Enclosed is a check for	the following amount:		
\$25.00 Filing Fee	\$30.00 Filing Fee & Certificate of Status	S55.00 Filing Fee & Certified Copy (additional copy is enclosed)	\$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
Regis	LING ADDRESS: tration Section on of Corporations	STREET/COURIER Registration Section Division of Corporati	

Clifton Building

Tallahassee, FL 32301

2661 Executive Center Circle

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

(Name of the Limited (A	PSJ Athle Liability Compa Florida Limited I	etics LLC ny as it now appears on c Liability Company)	ur records.)		
The Articles of Organization for this Limited Lia	ability Company	were filed on	3/4/09	and as	ssigned
Florida document numberL0900021	522				
This amendment is submitted to amend the follo	wing:				
A. If amending name, enter the new name of	the limited liab	ility company here:			
The new name must be distinguishable and end with	n the words "Limi	ited Liability Company," t	ne designation "L	LC" or the	abbreviatio
"L.L.C."				09	SEIVIO
Enter new principal offices address, if applica	ıble:	Dana Black			338
(Principal office address MUST BE A STREET ADDRESS)		704 Nautilus Dr.		<u> </u>	OZR OZR
•		Port St. Joe, FL 3	2456		FATE CAPE
				P	25 CE
Enter new mailing address, if applicable:		Dana Black			STA JRAI
(Mailing address MAY BE A POST OFFICE BOX)		704 Nautilus Dr.		<u> </u>	
		Port St. Joe, FL 3			•••
B. If amending the registered agent and/o registered agent and/or the new registered of			ecords, <u>enter t</u>	he name	of the ne
Name of New Registered Agent:	Dana Black		,	.	······································
New Registered Office Address:	704 Nautilu		7.7	· · · · · · · · · · · · · · · · · · ·	
		Enter Fl	orida street add	ress	
	F	Port St Joe	, Florida	324	
		City		Zip Co	de

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>	Address	Type of Action
MGR	Brian Marshall	1206 Monument Ave Port St. Joe, Fl. 32456	Add ✓ Remove
MGR	Dana Black	704 Nautilus Dr. Port St. Joe, Fl. 32456	
			Add Remove
			Add Remove
	····		AddRemove
		· · · · · · · · · · · · · · · · · · ·	Add Remove
D. If amer	nding any other information	, enter change(s) here: (Attach additional sheets,	if necessary.)
<u>-</u> -			SECRETARY DIVISION OF CO
_		<u> </u>	PH 1:36
Dated	3 June	, 2009	· ·
	Signatu	re of a member or authorized representative of a memb	er
		Brian Marshall Typed or printed name of signee	

Page 2 of 2

Filing Fee: \$25.00