

L09000030487

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(Address)

(Address)

(City/State/Zip/Phone #)

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10/23/09--01028--002 **25.00

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09 OCT 23 AM 11:34

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: DG OCKLAWAHA 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:

George G. Pappas

Name of Person

George G. Pappas P.A.

Firm/Company

1822 N Belcher Road, Suite 200

Address

Clearwater, Florida 33765

City/State and Zip Code

trifon@fspslc.com

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

For further information concerning this matter, please call:

George G. Pappas

Name of Person

at (727)

447-4999

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

DG OCKLAWAHA LLC

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

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TALLAHASSEE, FLORIDA

The Articles of Organization for this Limited Liability Company were filed on 3-30-09 and assigned
Florida document number L09000030487.

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:

(Principal office address MUST BE A STREET ADDRESS)

3780 Tampa Road

Suite 201

Oldsmar, Florida 34677

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

3780 Tampa Road

Suite 201

Oldsmar, Florida 34677

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:

THBM, LLC

New Registered Office Address:

3780 Tampa Road, Suite 201

Enter Florida street address

Oldsmar

City

, Florida

34677

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.

Thomson Howard, MBRM
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 | THBM, LLC | 3780 Tampa Road Suite 201 Oldsmar, Florida 34677 | <input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove |
| MGRM | CSC PROPERTIES LLC | 4592 Ulmerton Road Suite 102 Clearwater, Florida 33762 | <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 |

D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

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 09 OCT 23 AM 11:34
 SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

Dated October 22, 2009

Trifon Houvardas, MGRM

 Signature of a member or authorized representative of a member

Trifon Houvardas

 Typed or printed name of signee