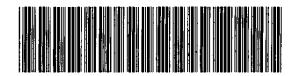
# L09000030487

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

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99 OCT 23 AM II: 34

# **COVER LETTER**

TO: Registration Division of C		•					
SUBJECT:	DG OC	KLAWAHA LLC					
	Name of Lin	nited Liability Company					
The enclosed Articles	of Amendment and fee(s) are su	abmitted for filing.					
Please return all corres	pondence concerning this matte	er 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@fspsllc.com  E-mail address: (to be used for future annual report notification)						
For further information	concerning this matter, please	•					
Ge	orge G. Pappas	at ( 727 ) 4	47-4999				
Name	of Person	Area Code & Daytime					
Enclosed is a check for	the following amount:						
▼ \$25.00 Filing Fee	S30.00 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
Cliffon Building
2661 Executive Center Circle
Tallahassee, FL 32301

# ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

O9 OCT 23 AM II: 34
SECRETARY OF STATE

	DG OCKLAWAHA LLC		MLL	AHASSEE STATE	
( <u>Name of the Limite</u> (	d Liability Compa A Florida Limited I	ny as it now appears Liability Company)	on our records.)	AHASSEE, FLORIDA	
The Articles of Organization for this Limited	were filed on	3-30-09	and assigned		
Florida document number L0900003	30487				
This amendment is submitted to amend the following	llowing:				
A. If amending name, enter the new name	of the limited liab	oility company here	:		
The new name must be distinguishable and end w "L.L.C."	ith the words "Lim	ited Liability Compan	y," the designation "I	LLC" or the abbreviation	
Enter new principal offices address, if applicable:		3780 Tampa Road			
(Principal office address MUST BE A STRE.	Suite 201				
		Oldsmar, Flori	da 34677		
Enter new mailing address, if applicable:		3780 Tampa F	toad		
(Mailing address MAY BE A POST OFFICE BOX)		Suite 201		<del></del>	
		Oldsmar, Flori	da 34677		
B. If amending the registered agent and registered agent and/or the new registered of	or registered of	fice address on ou <u>e</u> :	r records, <u>enter t</u>	he name of the new	
Name of New Registered Agent:	THBM, LLC		_ <del>-</del>	<del></del>	
New Registered Office Address:	3780 Tampa	a Road, Suite 20	1		
		Ente	r Florida street add	ress	
		Oldsmar	, Florida _	34677	
		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>Address</u> Type of Action <u>Name</u> MGR THBM, LLC 3780 Tampa Road ✓ Add Suite 201 Remove Oldsmar Florida 34677 MGRM CSC PROPERTIES LLC 4592 Ulmerton Road Suite 102 ☐ Add Clearwater, Florida 33762 XX Remove ☐ Add Remove ∏Add Remove  $\square$ Add ☐ Remove □Add Remove D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) October 22 2009 Dated Signature of a member or authorized representative of a member Trifon Houvardas Typed or printed name of signee

Page 2 of 2

Filing Fee: \$25.00