## L0900055044

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## **COVER LETTER**

то:	, Registration Se Division of Cor	ction porations		
SUBJE				
			ted Liability Company	
The en	closed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please	return all correspo	endence concerning this matter	to the following:	
Brittany Rawlings Name of Person		<del></del>		
Name of rerson				
		<del></del>	B. Rawlings, LLC	· · · · · · · · · · · · · · · · · · ·
			Firm/Company	
		50	1 SE 2nd Street #942	
			Address	
		auderdale, Florida, 3330	1	
		City/State and Zip Code	<del></del>	
breerawl@hotmail.com  E-mail address: (to be used for future annual report notification)		ottification)		
For fur	than information a	oncerning this matter, please c	·	ionneation
roi iui	mer mormanon c	oncerning this matter, please c	an.	
		any Rawlings		293-4391
Name of Person		Area Code & Day	ytime Telephone Number	
Enclos	ed is a check for the	ne following amount:		
\$25	5.00 Filing Fee	\$30.00 Filing Fee & Cértificate of Status	\$55.00 Filing Fee & Certified Copy (additional copy is enclo	Section 1 Section 2 Sectio
MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314		STREET/COU Registration Se Division of Co Clifton Buildin 2661 Executive	rporations g	

Tallahassee, FL 32301

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION



OF 09 JUN 29 PH 12: 33

B. Rawlin (Name of the Limited Liability Compa) (A Florida Limited L		ECRETARY OF STATE	
The Articles of Organization for this Limited Liability Company Florida document number <u>L090005504.4</u>			
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited liab	ility company here:		
The new name must be distinguishable and end with the words "Limi"L.L.C."	ted Liability Company," tl	ne designation "LLC" or the abbreviation	
Enter new principal offices address, if applicable:	501 SE 2nd Stree	t # 942	
(Principal office address MUST BE A STREET ADDRESS)	Ft. Lauderdale, Fl	. 33301	
Enter new mailing address, if applicable:	4555 Shearwater	Lane	
(Mailing address MAY BE A POST OFFICE BOX)	Naples, Fl. 34119		
B. If amending the registered agent and/or registered of registered agent and/or the new registered office address her  Name of New Registered Agent:		ecords, enter the name of the new	
New Registered Office Address:			
<del>-</del>	Enter Florida street address		
	, Fłorida		
	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> **Address** Type of Action <u>Name</u> MGRM **Brittany Rawlings** 501 SE 2nd Street # 942 ✓ Add Remove Ft. Lauderdale, Florida 33301 ☐ Add ☐ Remove Add 🔲 Remove Add Remove □Add Remove \_\_\_Add Remove D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) 2009 June 26 Dated \_ Signature of a member of authorized representative of a member **Brittany Rawlings** Typed or printed name of signee

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Filing Fee: \$25.00