

L09000062135

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

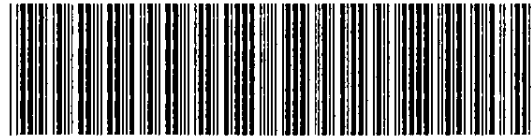
(Business Entity Name)

(Document Number)

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FILED
2011 MAY 12 PM 2:04
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

C. LEWIS
MAY 13 2011
EXAMINER

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: 2840T 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:

Jay G. Stipe

Name of Person

2840T LLC

Firm/Company

33920 U.S. Hwy 19 N, Ste 280

Address

Palm Harbor, FL 34684

City/State and Zip Code

jay.stipe@verizon.net

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

For further information concerning this matter, please call:

Jay Stipe

Name of Person

at (813)

220-0047

Area Code & Daytime Telephone Number

Enclosed is a check for the following amount:

☒ \$25.00 Filing Fee

☐ \$30.00 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
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

**ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF**

FILED

2011 MAY 12 PM 2:04

2840T LLC

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

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

The Articles of Organization for this Limited Liability Company were filed on 06/26/2009 and assigned
Florida document number L09000062135.

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)

33920 U.S. Hwy 19 N

Suite 280

Palm Harbor, FL 34684

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

33920 U.S. Hwy 19 N

Suite 280

Palm Harbor, FL 34684

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:

Jay G. Stipe

New Registered Office Address:

33920 U.S. Hwy 19 N, Ste 280

Enter Florida street address

Palm Harbor

Florida

34684

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.

Jay G. Stipe
If Changing Registered Agent, Signature of New Registered Agent

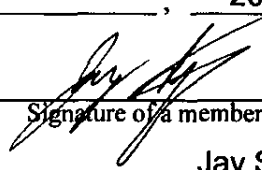
If amending the Managers or Managing Members on our records, enter the title, name, and address of each Manager or Managing Member being added or removed from our records:

MGR = Manager
MGRM = Managing Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGRM	Edward W. Breit	4412 W. San Carlos Tampa, FL 33629	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
MGRM	Jay G. Stipe	33920 U.S. Hwy 19 N Suite 280 Palm Harbor, FL 34684	<input checked="" 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
			<input type="checkbox"/> Add <input type="checkbox"/> Remove

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

Dated May 6, 2011


Signature of a member or authorized representative of a member
Jay Stipe, Edward Breit
Typed or printed name of signee

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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