## 1000001961

	(Requestor's Name)		
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Special Instructions to Filing Officer:

L. SELLERS

JUL 21 2009

**EXAMINER** 

Office Use Only



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SECRETARY OF STATE
FACHASSEE FLORIDA

## **COVER LETTER**

TO: Registration Se Division of Co			
SUBJECT: <i></i>	Name of Limite	UD LEGAL RESEARC ed Liability Company	H LLC
The enclosed Articles of	Amendment and fee(s) are subm	nitted for filing.	
Please return all correspondent	ondence concerning this matter t	to the following:	
	CRAIG M	CLAUSLAWD  Name of Person	
	CRAID MCCAUSE	Firm/Company	
	856 80th 50	T. UNIT N Address	
	MIAMI BEA	City/State and Zip Code  WATUM FILBB. IVET be used for future annual report notificat	<del> </del>
	Craig M 13 ( E-mg) address: (to	WATURN TILBB. TVET be used for future annual report notificat	ion)
For further information of	concerning this matter, please ca		
CRAIL Name of	MeCa U3 LAWD of Person	at ( 786 ) 275-6 ? Area Code & Daytime T	36/ elephone Number
Enclosed is a check for t	he 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

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

(A Florida Limited Liability Company)

The Articles of Organization for this Limited Liab	ility Company v	vere filed on To	4 15, 200	9 and assigned
Florida document numberL090000679		<del></del>	<del></del>	
This amendment is submitted to amend the follow	ing:			
A. If amending name, enter the new name of th	<u>ıe limited liabil</u>	ity company here:		
The new name must be distinguishable and end with the	SLAND RE	ISEARCH LL	ـد	
The new name must be distinguishable and end with the "L.L.C."	he words "Limite	d Liability Company	" the designation	"LLC" or the abbreviation
Enter new principal offices address, if applicab	le:			
(Principal office address MUST BE A STREET)	<u>ADDRESS)</u>			
(Mailing address MAY BE A POST OFFICE BO  B. If amending the registered agent and/or registered agent and/or the new registered offic  Name of New Registered Agent:	registered office address here:	McCausia	סטי	TIL How the PLORIDA THE PLORIDA
New Registered Office Address:	856	80 th ST. U	NIT N	
new registered Office reduces.		Hntor	HINDIAN STREET NO	ldress
	MIAMI	BEACH City	, Florida _	3314)
		City		Zip Code
New Registered Agent's Signature, if changing Reg	istered Agent:			
I hereby accept the appointment as registered a the provisions of all statutes relative to the prop accept the obligations of my position as registe being filed to merely reflect a change in the reg company has been notified in writing of this cha	per and comple red agent as pr gistered office a ange.	te performance of ovided for in Chap	my duties, and loter 608, F.S. Or Confirm that the l	I am familiar with and r, if this document is limited liability

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 = N	Anaging Member		
<u>Title</u>	<u>Name</u>	Address	Type of Action
MGR	CRAIL McCAUSLAND	856 80 B ST. UNIT N MIANI BEACH, FC 33141	Add Remove
Mbr	JANET MCCAUSLAND	856 80 th ST., UNIT N MIAM BEAULY, FL 33141	Add Remove
MGRM	CR416 McCausLAND	856 80 B ST. UNIT N MIAMI BEACH, FL 33141	Add Remove
	<del></del>		Add Remove
			Add Remove
***************************************			Add Remove
D. If amend	ding any other information, enter change	(s) here: (Attach additional sheets, if necessary.)	
***************************************			<del>-</del>
	7 4 0 74	-a	<del></del>
Dated	7-16-8, 200  Can Me C  Signature of a member of	au (uu) or authorized representative of a member	
	Cra16 Mc	CAUS LAND r printed name of signee	<del></del>

Page 2 of 2

Filing Fee: \$25.00