## L09000087515

(Reque	stor's Name)	<del></del>
(Addres	s)	
(Addres	s)	
(City/St	ate/Zip/Phone	e #)
PICK-UP	WAIT	MAIL
(Busine	ss Entity Nan	ne)
(Docum	ent Number)	,
Certified Copies	Certificates	of Status

Special Instructions to Filing Officer:

L. SELLERS

DEC -4 2009

**EXAMINER** 

Office Use Only



900162708209

11/16/09--01007--004 \*\*25.00

09 DEC -3 AM 8: 16
SECREDARY OF STATE

## COVER LETTER ...

то:	Registration S Division of Co				
SUBJE	SUBJECT: The Hot Spot CGH, LLC.				
		Name of Limi	ted Liability Company		
The end	closed Articles of	Amendment and fee(s) are sub	omitted for filing.		
Please	return all corresp	ondence concerning this matter	to the following:		
			Joanne T. Cotner		
			Name of Person		
		Th	e Hot Spot CGH, LLC		
			Firm/Company		
	5150 Buckingham Rd				
			Address	-	
			Ft. Myers FL 33905		
			City/State and Zip Code		
		ta	mmycotner@aol.com to be used for future annual repo	and the section has been designed as the section has been designed	
Ear Sun	than information.	concerning this matter, please c		a non (canon)	
roraun	mer miormation (	concerning this matter, please c	caii.		
		nanelle Winn	at ( <u>239</u> )	694-0117	
	Name o	of Person	Area Code & 1	Daytime Telephone Number	
Enclose	ed is a check for t	he following amount:			
<b> ▼</b> \$25	.00 Filing Fee	\$30.00 Filing Fee & Certificate of Status	S55.00 Filing Fee & Certified Copy (additional copy is en	S60.00 Filing Fee, Certificate of Status & Closed) Certified Copy (additional copy is enclosed)	
	Regist Divisio P.O. B	ING ADDRESS: ration Section on of Corporations lox 6327 assee, FL 32314	Registration Division of C Clifton Build	Corporations	

Tallahassee, FL 32301



November 18, 2009

JOANNE T. COTNER 5150 BUCKINGHAM RD. FT. MYERS, FL 33905

SUBJECT: THE HOT SPOT CGH, LLC.

Ref. Number: L09000087515

We have received your document for THE HOT SPOT CGH, LLC. and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

A business entity may not serve as its own registered agent. Please designate an individual or another business entity with an active registration or filing with this office, having a Florida street address identical with that of the registered office.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6967.

Letter Number: 909A00035931

Leslie Sellers Regulatory Specialist II

Division of Corporations - P.O. ROY 6397 Tollahassaa, Florida 32314

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

	The Hot Spot CGH, L	LC	<del></del>		
(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 Liability Company were filed on					
This amendment is submitted to amend the fol	lowing:				
A. If amending name, enter the new name	of the limited liability compar	ny here:			
The new name must be distinguishable and end w "L.L.C."	ith the words "Limited Liability	Company," the design	nation "LLC" or the	e abbreviation	
Enter new principal offices address, if appli	cable:				
(Principal office address MUST BE A STRE	ET ADDRESS)				
	<del></del>		<del> </del>		
Enter new mailing address, if applicable:			<u></u>		
(Mailing address MAY BE A POST OFFICE	<u> </u>		<u> </u>	<del> </del>	
B. If amending the registered agent and registered agent and/or the new registered of		s on our records,	enter the name		
Name of New Registered Agent:	Joanne T Cotner	······································		Q Q Q	
New Registered Office Address:	5150 Buckingham Roa	ad	<b>予</b> が エバ ンで		
		Enter Florida str	reet address	ယ် က	
	Ft. Myers	, Flo	rida339		
New Registered Agent's Signature, if changing	City Registered Agent:		Ap Co	ص ص	
I hereby accept the appointment as register the provisions of all statutes relative to the accept the obligations of my position as reg being filed to merely reflect a change in the	proper and complete perform istered agent as provided for	ance of my duties, in Chapter 608, F	and $\overline{I}$ am familion $F.S.$ Or, if this does	ar with and cument is	

If Changing Registere
Page 1 of 2

anging Registered Agent, Signature of New Registered Agent

company has been notified in writing of this change.

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>	Address	Type of Action
MGRM	Joanne T Cotner	217 Madonna Drive Ft. Myers EL 33905	Add Remove
MGR_	Shanelle Winn	1113 McKinley Ave Lehigh Acres FL 33972	Add Remove
			Add Remove
			Add Remove
			Add Remove
			Add Remove
D. If amend	ling any other information,	, enter change(s) here: (Attach additional sheets, if nece	essary.)
			SECALI SECALI TALLAH
Dated	October 29	2009  Control of a member or authorized representative of a member	SSE > 1
	Signatur	Shanelle Winn	
		Typed or printed name of signee	
		D 4 - 64	<b>&gt;</b>

Page 2 of 2

Filing Fee: \$25.00