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B. KOHR

EXAMINER

"COVER LETTER

TO:

Registration Section

Division of Co	rporations			
SUBJECT:	CRONA CAL	LAHAN TEAM, LLC		
SUBJECT.		Name of Limited Liability Company		
The enclosed Articles o	f Amendment and fee(s) are sul	omitted for filing.		
Please return all corresp	99 SECT			
		CTACV CMALL	12 To 15	
		STACY SMALL Name of Person		
	SMITH THOM	1PSON SHAW & MANAUSA	9 MOV 3 MO 3	
		Firm/Company		
	3520 THO	MASVILLE ROAD, 4TH FLO	OR	
		Address		
	ŢAL	LAHASSEE, FL 32309		
		City/State and Zip Code		
	E-mail address: (to be used for future annual report notifica	ntion)	
For further information	concerning this matter, please o	call:		
	TACY SMALL	ai(<u>-</u> _/	93-4105	
Name	of Person	Area Code & Daytime	felephone Number	
Enclosed is a check for	the following amount:			
✓ \$25.00 Filing Fee	\$30.00 Filing Fee & Certificate of Status	S55.00 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/COURIES Registration Section Division of Corporat Clifton Building 2661 Executive Cent Tallahassee, FL 3230	ions er Circle	

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

CRO	NA CALLAHAN TEA	M, LLC	ى مىران كى
(Name of the Limited	Liability Company as it now Florida Limited Liability Com	appears on our records.)	
The Articles of Organization for this Limited L Florida document number	• • •	on OCT. 9, 200	ون 9 and assigned
This amendment is submitted to amend the foll	owing:		
A. If amending name, enter the new name o	f the limited liability compa	ny here:	
The new name must be distinguishable and end wi "L.L.C."	th the words "Limited Liability	Company," the designation	on "LLC" or the abbreviation
Enter new principal offices address, if applic	able:		
(Principal office address MUST BE A STREE	T ADDRESS)		
			
Enter new mailing address, if applicable:			
(Mailing address MAY BE A POST OFFICE	<u>BOX)</u>		
B. If amending the registered agent and/ registered agent and/or the new registered of	_	s on our records, <u>ent</u>	er the name of the new
Name of New Registered Agent:	0, NOY CRO 1520 KILLE	MA- NUOSO	n
New Registered Office Address:	1520 KILLE	GEN CENTER	Blvo
,			
e .	<u> TALLAHASS</u>	。 デ Florida	th 32305
	Citv		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>Name</u>	Address	Type of Action
MGR	SOPHIA L. CALLAHAN	2608 Bedford Way Tallahassee, FL 32308	Add X Remove
MGR	SCOTT R. CALLAHAN	2608 Bedford Way Tallahassee, FL 32308	Add X Remove
MGMR	SOPHIA L. CALLAHAN	2608 Bedford Way Tallahassee, FL 32308	_X Add Remove
MGMR	SCOTT R. CALLAHAN	2608 Bedford Way Tallahassee, FL 32308	_X Add Remove
MGMR	CYNTHIA P. CRONA-HUDSON	1520 Killearn Center Boulevard Tallahassee, FL 32309	_XAdd Remove
D. If an	nending any other information, enter cl	hange(s) here: (Attach additional sheets, if necessary.)	Add Remove
	the laws of the State of Flor	to read as follows: er businesses and activities permitted by rida. The Company shall have all of the lability company organized and existing by	-
	virtue of such laws.	:	_
Dated	Signature of a me	2009 La P. Crona - Hudson THIA P. CRONA - HUDSON Typed or printed name of signee	

Page 2 of 2

Filing Fee: \$25.00