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EXAMINER

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SECRETARY OF STATE

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COVER LETTER

TO:	Registration S Division of Co				
SUBJECT: SRQ HOME CREATIONS Name of Limited Liability Compa			E CREATIONS LLC		
			·		
		Amendment and fee(s) are su	_		
		•	LAMES E PRINCES		
	JAMES E. BRIDGES Name of Person				
		SRQ HOME CREATIONS LLC			
		Firm/Company			
		202 N. TAMIAMI TRAIL Address			
		SAD		ne.	
		SAR	City/State and Zip Code	30	
		KMILEY@ E-mail address:	SRQHOMECREATION (to be used for future annual report	S.COM	
For furth	ner information of	concerning this matter, please	•	,	
	JAME	S E. BRIDGES	at (941)	954-0200	
	Name (of Person		aytime Telephone Nur	nber
Enclosed	1 is a check for t	he following amount:			
\$2 5.0	00 Filing Fee	\$30.00 Filing Fee & Certificate of Status	\$55.00 Filing Fee & Certified Copy (additional copy is encl	Certi losed) Certi	Filing Fee, ficate of Status & fied Copy tional copy is enclosed)
	R e gist Divisio P.O. B	ING ADDRESS: ration Section on of Corporations ox 6327 assee, FL 32314	Registration S Division of Co Clifton Buildi	orporations ng ve Center Circle	S:

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

SRQ HOME C	REATIONS	LLC	
(Name of the Limited Liability Com (A Florida Limite	pany as it now app d Liability Compan	ears on our records.)	
The Articles of Organization for this Limited Liability Compa Florida document numberL09000105837			and assigned
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited li	ability company l	<u>nere</u> :	•
The new name must be distinguishable and end with the words "Li"L.L.C."	imited Liability Con	npany," the designation	"LLC" or the abbreviation
Enter new principal offices address, if applicable:			
(Principal office address MUST BE A STREET ADDRESS)			
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)			
B. If amending the registered agent and/or registered registered agent and/or the new registered office address h		n our records, <u>enter</u>	the name of the new
Name of New Registered Agent:			- = - - -
New Registered Office Address:		<u> </u>	
		Enter Florida street aa Florida	dress: 2
	City	, x wida	-Zip Code
New Registered Agent's Signature, if changing Registered Age	<u>nt:</u>		2: 13 ORIDA

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

MGR = Manager

MGRM = Managing Member <u>Title</u> **Name Address Type of Action** MGRM Charles William Kolbrener **⊘** Add 202 N. TAMIAMI TRAIL SARASOTA, FLORIDA 34236 Remove ☐ Add Remove _ Add Remove ☐ Add ∏Add Remove □Add Remove D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) Signature of a member or authorized representative of a member CHARLES KOLBRENER Typed or printed name of signee

Page 2 of 2

Filing Fee: \$25.00

ASSIGNMENT OF LIMITED LIABILITY COMPANY INTEREST

	day of December, 2009, by and between SRQ y company (the "Assignor") and Charles William		
valuable considerations to it in hand paid by the hereby acknowledged, the Assignor has grant over and does hereby grant, bargain, sell, ass successors and assigns, all of its right, title and	sum of Ten Dollars (\$10.00) and other good and e Assignee to the Assignor, the receipt of which is ed, bargained, sold, assigned, transferred and set ign, transfer and set over unto the Assignee, its interest in the amount of fifteen percent (15%) in ability company (the "Company") pursuant to the		
and that there are no defaults thereunder and the the serving of notice, could become an event of	he Operating Agreement is in full force and effect ere is no event which, with the passing of time or default thereunder, and that the Assignor has not hts of Assignor, under the Operating Agreement.		
	his assignment includes the assignment of and to earned but undistributed profits of the Company		
WITNESS the following signatures and	seals.		
Signed, Sealed and Delivered in the Presence of:	ASSIGNOR: SRQ Home Creations, LLC a Florida limited liability company		
Jams E Bridges Print Name	By: Manager July ASSIGNEE:		
Charles Kolbonn Print Name	Charles William Kolbrener		
The undersigned being the managing member of the Company named herein, hereby agrees to the above assignment and consent to Assignee being substituted as a Managing Member of the Company in the place of Assignor.			
	SRQ Home Creations, LLC a Florida limited liability company		
	By: James E. Bridges, Manager		
	1		