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EXAMINER



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SECRETARY OF STATE DIVISION OF CORPORATION

COVER LETTER

TO: Registratio Division of	n Section Corporations			
SUBJECT:	Cornerstone Propo	erties & Investments, Ll	_C	
SOBJECT.		Name of Limited Liability Company		
	s of Amendment and fee(s) are sul	•		
rease return an con-	espondence concerning this matter	to the following.		
		Steve Eckhardt		
		Name of Person		
	LLC			
		Firm/Company		
	2204 A	shley Oaks Circle, Suite 10	1	
		Address		
	We	esley Chapel, FL 33544		
		City/State and Zip Code		
	E-mail address: (to be used for future annual report notif	ication)	
For further information	on concerning this matter, please of	call:		
	Steve Eckhardt		765-1182	
Nai	me of Person	Area Code & Daytim	e Telephone Number	
Enclosed is a check f	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)	
Re	AILING ADDRESS: gistration Section vision of Corporations	STREET/COURI Registration Section Division of Corpor	n	

P.O. Box 6327 Tallahassee, FL 32314 Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

	Cornerstone Properties	& Investme	nts, LLC		
(<u>N</u> a	ame of the Limited Liability Compan (A Florida Limited Li	y as it now appea ability Company)	rs on our records.)		
The Articles of Organization	for this Limited Liability Company	were filed on	11/16/2009	and ass	igned
Florida document number	L09000109946				
This amendment is submitted	to amend the following:				
A. If amending name, enter	the new name of the limited liabi	lity company her	<u>·e</u> :		
The new name must be distingu "L.L.C."	ishable and end with the words "Limit	ed Liability Compa	any," the designation "L	LC" or the a	abbreviation
Enter new principal offices	address, if applicable:				
(Principal office address MU	(ST BE A STREET ADDRESS)				<u> </u>
				9	SEC
				***	学品
Enter new mailing address,	if applicable:				F C AR
(Mailing address MAY BE A	POST OFFICE BOX)		·	3	300
				£.	200
				07	
B. If amending the regist	ered agent and/or registered off	ice address on (our records, <u>enter t</u>	he name o	f The new
registered agent and/or the	new registered office address here	:			
Name of New Regis	stered Agent:			 	
New Registered Off	ice Address:				
		En	ter Florida street add	ress	
			, Florida		
		City		Zin 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, <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>	<u>Name</u>	Address	Type of Action
MGR	Steve Eckhardt	2204 Ashley Oaks Circle, Suite 101 Wesley Chapel, FL 33544	✓ Add Remove
			Add Remove
			Add Remove
	 -		Add Remove
			Add Remove
			Add Remove
D. If amen	ding any other information, ento	er change(s) here: (Attach additional sheets, if necessary.)	_
_			_
 Dated	February 18		_
Daicu	25-	w	
	Signature of	a member or authorized representative of a member	
		Steven M Eckhardt Typed or printed name of signce	

Page 2 of 2

Filing Fee: \$25.00