L090011150B

(Requestor's Name)						
(Address)						
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(Address)						
(11441000)						
(City/State/Zip/Phone #)						
PICK-UP WAIT MAIL						
(Business Entity Name)						
(Document Number)						
(Document Names)						
Certified Copies Certificates of Status						
Special Instructions to Filing Officer:						
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10 FEB -8 PH 12: 23 SEUNLIAKY OF STATE

THOMAS LLOYD JR

PO BOX 26265 TAMPA, FL 33626 813-478-0195 Tjlloyd66@aol.com

Florida Department of State
Division of Corporations
PO Box 6327
Tallahassee, FL 32314

To whom it may concern:

I Thomas Lloyd, have become the Managing member of 3252 Columbus Dr. LLC, my Daytime phone number is 813-478-0195 and my mailing address is

2208 Queen Jessica Dr

Lutz, FL 33549

Please send a certificate of status and a certified copy of this filing to my address above.

Thank You

Thomas Lloyd

18 A 3

COVER LETTER

TO:	Registration Sect Division of Corpo			
SHRII	ECT:	3252 Coi	lumbus Dr. LLC	
SUBJ	<u> </u>		ted Liability Company	
		mendment and fee(s) are sub dence concerning this matter	_	
			Thomas Lloyd	
			Name of Person	
3:			52 Columbus Dr. LLC	
			Firm/Company	
		22	208 Queen Jessica Dr	
			Address	
			Lutz, FL 33549	
E-mail address: (City/State and Zip Code	
			tjlloyd66@aol.com to be used for future annual report notifications	ation)
For fu	rther information con	ncerning this matter, please c	all:	
	Tho	mas Lloyd	at (813) 4	78-0195
Name of Person		Person	Area Code & Daytime	l'elephone Number
Enclos	sed is a check for the	following amount:		
\$2:	5.00 Filing Fee	S30.00 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)
		G ADDRESS:	STREET/COURIE Registration Section	R ADDRESS:

Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

FILED

10 FEB -8 PM 12: 23

	O.	L'	10			
			SECRETA	KY OF STATE		
(Name of the Limiter	3252 Columbus Dr. LLC Scinic I AIX OF STORIDA 3252 Columbus Dr. LLC (Name of the Limited Liability Company as it now appears on our records.) (A Florida Limited Liability Company)					
(Name of the Limited	Florida Limited L	iability Company)	s on our records.			
The Articles of Organization for this Limited L	iahility Company	were filed on	12/10/2009	and assigned		
		were med on	72.107200	and assigned		
Florida document numberL0900011	<u>7303 </u>					
This amendment is submitted to amend the foll	owing:					
A. If amending name, enter the new name of	f the limited liab	ility company her	<u>e</u> :			
The new name must be distinguishable and end wi "L.L.C."	th the words "Limi	ted Liability Compa	ny," the designation "L	LC" or the abbreviation		
Enter new principal offices address, if applic	able:	2208 Queen .	Jessica Dr			
(Principal office address MUST BE A STREE		Lutz, FL 33549				
		DO B 0000	-			
Enter new mailing address, if applicable:		PO Box 26265				
(Mailing address MAY BE A POST OFFICE BOX)		Tampa, FL 33623				
						
B. If amending the registered agent and registered agent and/or the new registered o			ur records, <u>enter t</u>	he name of the ne		
Name of New Registered Agent:	Thomas Llo	yd				
New Registered Office Address:	2208 Queen Jessica Dr Enter Florida street address					
		Lutz	, Florida	Zip Code		
		City		Zip Code		
New Registered Agent's Signature, if changing	Registered Agent:					
I hereby accept the appointment as registered the provisions of all statutes relative to the paccept the obligations of my position as registering filed to merely reflect a change in the company has been notified in writing of this	oroper and comp istered agent as p registered office	lete performance provided for in Ch add res s, I hereby	of my duties, and I on apper 608, F.S. Or,	m familiar with and if this document is		

Page 1 of 2

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
<u>MGRM</u>	DESAH RAE STITCHER	4490 SW DARWIN BLVD PORT ST LUCIE, FL 34953	Add Remove
MGRM	THOMAS LLOYD	2208 QUEEN JESSICA DR LUTZ, FL 33549	Add Remove
			Add Remove
D. If amend	ding any other information, enter chang	e(s) here: (Attach additional sheets, if necessar	y.)
			FILED 10 FEB -8 PM 12: 23 10 FEB -8 PM 12: 23
Dated	FEBRUARY 4 , 20	110	23 ATE RIDA
	Deschlee.	Stateton	
	<u>-</u>	or authorized representative of a member AH RAE STITCHER	
		or printed name of signee	

Page 2 of 2

Filing Fee: \$25.00