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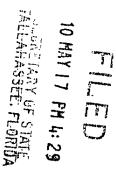
(Requestor's Name)					
(Address)					
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(City/State/Zip/Phone #)					
PICK-UP WAIT MAIL					
(Business Entity Name)					
(Document Number)					
Certified Copies Certificates of Status					
Special Instructions to Filing Officer:					





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D. BRUCE

MAY 18 2010

EXAMINER

COVER LETTER

TO:	Registration S Division of Co		
. ' '		Corr	nott Co. LLC
SUBJE	CT:		nett Co. LLC ited Liability Company
		Name of Emi	ica Elability Company
The end	closed Articles of	f Amendment and fee(s) are sul	bmitted for filing.
Please i	return all corresp	ondence concerning this matter	to the following:
		Mark Cornett	
		Name of Person	
		Cornett Co. LLC	
		Firm/Company	
		S. Alexander St. Ste. 104	
		Address	
		ant City, Florida 33566	
		City/State and Zip Code	
		A(057460@Allstate.com
F 6	d ! C		to be used for future annual report notification)
ror turt	ner intormation (concerning this matter, please of	an:
	N	lark Cornett	at (813) 754-2277 CS F. CS Area Code & Daytime Telephone Number
	Name o	of Person	Area Code & Daytime Telephone Number
Enclose	ed is a check for t	the following amount:	
₹ \$25.	.00 Filing Fee	\$30.00 Filing Fee & Certificate of Status	S55.00 Filing Fee & S60.00 Filing Fee, Certified Copy (additional copy is enclosed) Certified Copy (additional copy is enclosed)
	Regist Division P.O. B	AING ADDRESS: ration Section on of Corporations lox 6327 assee, FL 32314	STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Cornett (Co. LLC		
(Name of the Limited Liability Compa (A Florida Limited I	ny as it now appea Liability Company)	rs on our records.)	-
The Articles of Organization for this Limited Liability Company	were filed on	3-22-2010	and assigned
Florida document numberL10000031166			•
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited liab	ility company he	<u>re</u> :	
The new name must be distinguishable and end with the words "Limi"L.L.C."	ted Liability Comp	any," the designation "l	LC" or the abbreviation
Enter new principal offices address, if applicable:	1701 S. Alexander St. Ste. 104		
(Principal office address MUST BE A STREET ADDRESS)	Plant City, F	orida 33566	F. 6
Enter new mailing address, if applicable:			ASSEE!
(Mailing address MAY BE A POST OFFICE BOX)			\$ + 2 S S S S S S S S S S
B. If amending the registered agent and/or registered of registered agent and/or the new registered office address her Name of New Registered Agent: New Registered Office Address:	<u>e</u> :	nter Florida street ada	
	City	, Florida	Zip Code
	C11.7		LIP COUL

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_v= Manager MGRM = Managing Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
MGR	Mark Cornett	1701 S. Alexander St. Ste. 104 Plant City, Florida 33566	
<u> </u>			Add Remove
			Add Remove
			AddRemove
			Add Remove
	_		Add Remove
D. If ar	nending any other information, o	enter change(s) here: (Attach additional sheets, if necessar	
	I would also like for you to	enter my EIN number 27-2337128. Thank you for	
	your help.		THE F
			14:29
Dated _	May 12		
	Signatur	of a member of authorized representative of a member	
		Mark Cornett Typed or printed name of signee	

Page 2 of 2

Filing Fee: \$25.00