## 1000004

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PICK-UP WAIT MAIL				
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L. SELLERS MAY 17 2010				
EXAMINER				

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05/13/10--01024--003 \*\*25.00

SECRETARY OF STATE TALLAHASSEE, FLORIDA

## **COVER LETTER** \*

TO: -	Registration Sec Dixision of Corp				
SHRII	· ECT:	BEN AND	RUSSELL, LLC		
30001			ed Liability Company		
		mendment and fee(s) are sub	_		
	·		•		
R. SCOTT CROSS  Name of Person					
R. SCOTT CROSS, P.A.					
Firm/Company					
POST OFFICE BOX 2470 Address					
OCALA, FL 34478-2470					
City/State and Zip Code					
		E-mail address: (to	r123@embarqmail.com o be used for future annual report notific	ation)	
For fur	ther information co	ncerning this matter, please ca	all:		
	R. S	Scott Cross Person	at ( 352 ) 7  Area Code & Daytime	32-3925 Telephone Number	
		e following amount:			
<b> √</b> \$25	5.00 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)	

MAILING ADDRESS:

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, 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

BEN AND RUSS	BELL, LLC
(Name of the Limited Liability Company as (A Florida Limited Liabili	s it now appears on our records.) lity Company)
The Articles of Organization for this Limited Liability Company were Florida document numberL10000046014	re filed onApril 28, 2010 and assigned
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liability	company here:
CUSTOM KINGDO	OM, LLC
The new name must be distinguishable and end with the words "Limited L "L.L.C."	Liability Company," 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 office registered agent and/or the new registered office address here:	address on our records, enter the name of the ne
Name of New Registered Agent:	
New Registered Office Address:	. da
	Enter Florida street address
	ity, Florida Zip Colle
New Registered Agent's Signature, if changing Registered Agent:	
I hereby accept the appointment as registered agent and agree to the provisions of all statutes relative to the proper and complete accept the obligations of my position as registered agent as provi being filed to merely reflect a change in the registered office addi	performance of my duties, and I am familiar with and vided for in Chapter 608, F.S. Or, if this document is

company has been notified in writing of this change.

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 = Ma MGRM = M	nager Ianaging Member		
<u>Title</u>	<u>Name</u>	Address	Type of Action
			Add
<del></del>			Add Remove
			Add Remove
<del></del>			AddRemove
			Add Remove
			Add Remove
D. If ameno	ling any other information, ent	er change(s) here: (Attach additional sheets, if neces	ssary.)
		·	
			<del></del>
Dated	May /2	2010	
	Signature of	a member or authorized representative of a member  R Scott Cross	191531
		R. Scott Cross F2 Sax #  Typed or printed name of signee	

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Filing Fee: \$25.00