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(Re	questor's Name)				
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/A.J	dress)	<u></u>			
· (Adi	aless)	•			
(City	y/State/Zip/Phon	e #)			
PICK-UP	MAIT	MAIL			
(Bu	siness Entity Na	me)			
(Do	cument Number)	)			
Certified Copies	Certificates of Status				
Special Instructions to					
Special Instructions to	-iiing Onicei.				

Office Use Only

G. MCLEOD

SEP 1 2010

EXAMINER



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08/27/10--01047--010 \*\*39.00

## **COVER LETTER**

Division of Cor	porations	•		
SUBJECT:	Raging Gator \	· Website Design LL	С	
SUBJECT.	<del></del>	ted Liability Company		
The enclosed Articles of A	Amendment and fee(s) are sub	mitted for filing.		
Please return all correspo	ndence concerning this matter	to the following:		
		H. Stephen Burdette		_
		Name of Person		
	Beac	h Crab Website Design	ns,	
		Firm/Company		•
		5 St Johns Place		
		Address		•
	Orr	mond Beach, FL 32176	<b>;</b>	
		City/State and Zip Code		•
	E mail addrace: (t	burdette@cfl.rr.com to be used for future annual report	notification)	
	·	·	( notification)	
For further information c	oncerning this matter, please c	aii:		
H Ste	phen Burdette	at (386_)	441-4932	<u>.</u>
Name o	f Person	Area Code & D	aytime Telephone Numbe	भ
Enclosed is a check for the	ne following amount:			
\$25.00 Filing Fee	\$30.00 Filing Fee & Certificate of Status	S55.00 Filing Fee & Certified Copy (additional copy is enc	closed) Certifie	ate of Status &

## MAILING ADDRESS:

Registration Section

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

Raging Gator Wel	osite Design, LLC	<del></del>
(Name of the Limited Liability Compa (A Florida Limited)	Liability Company)	,
The Articles of Organization for this Limited Liability Company	were filed on5/17/2010	and assigned
Florida document numberL10000053377		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liab	oility company here:	
Beach Crab Websi		
The new name must be distinguishable and end with the words "Lim "L.L.C."	ited Liability Company," the designation	on "LLC" or the abbreviatio
Enter new principal offices address, if applicable:	5 St Johns Place	
(Principal office address MUST BE A STREET ADDRESS)	Ormond Beach, FL 32176	À
		<u>&gt;</u>
T	50.11 51	表 627
Enter new mailing address, if applicable:	5 St Johns Place	
(Mailing address MAY BE A POST OFFICE BOX)	Ormond Beach, FL 32176	500
B. If amending the registered agent and/or registered of	ffice address on our records, ent	er the name of the nev
registered agent and/or the new registered office address her		or the name of the nev
Name of New Registered Agent:		·
New Registered Office Address:		
	Enter Florida street	address
	, Florida	
	City	Zip 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 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 = Manager

MGRM = Managing Member Title Name **Address** Type of Action ☐ Add ☐ Add Remove \_\_\_\_\_\_ Remove \_\_\_\_\_\_ Remove \_\_\_\_Add \_\_\_Remove Add Remove D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) August 24 2010 Dated \_\_\_\_\_ ignature of a member or authorized representative of a member H. Stephen Burdette Typed or printed name of signee

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Filing Fee: \$25.00