## L10000114748

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

Office Use Only



500187482235

11/10/10--01020--012 \*\*25.00

FILED

2010 NOV 10 AM 10: 97

C. LEWIS NOV 1 2 2010 EXAMINER

## **COVER LETTER**

TO:	Registration Section Division of Corporations
SUESTE	
	Name of Limited Liability Company
The end	closed Articles of Amendment and fee(s) are submitted for filing.
Please 1	return all correspondence concerning this matter to the following:
	Marie Hill
	Name of Person
	Firm/Company
	1234 Airport Rd Stc100
	Destin FL 32541
	City/State and Zip Code  H Wavie Will a gwal Com  E-mail address: (to be used for future annual report notification)
For furt	her information concerning this matter, please call:
$\mathcal{N}$	Name of Person at (80) 685-2759  Area Code & Daytime Telephone Number
	Name of Ferson
Enclose	d is a check for the following amount:
<b>Y\$</b> 25.	00 Filing Fee \$\ \text{Certificate of Status} \text{S55.00 Filing Fee & Certified Copy (additional copy is enclosed)} \text{\$\ \text{S60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)} \text{\$\ \text{Certified Copy (additional copy is enclosed)} \$\ \text{Certified Copy (additional copy is enclo

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

FILED

Cocho Mita	7)	L'05 11	C 2010 NOV 16	W W Mr. 201		
(Name of the Limited (A	Liability Company	as it now appears	on our records.) S	<u>CY or state</u> SEE, FLURIDA		
(A	Florida Limited Lia					
The Articles of Organization for this Limited Lia		vere filed on	-3-2010	and assigned		
Florida document number \_ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	148					
,						
This amendment is submitted to amend the follo	wing:					
A. If amending name, enter the new name of	the limited liabil	ity company here:				
The new name must be distinguishable and end with "L.L.C."	the words "Limite	d Liability Company	," the designation "	LLC" or the abbreviation		
Enter new principal offices address, if applica	ble:					
(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/o registered agent and/or the new registered off			r records, enter	the name of the new		
Name of New Registered Agent:		A > 4				
New Registered Office Address:	1234	Airport Enter	Rd S r Florida street add	Stc 100		
	De	stin	, Florida	32541		
		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 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

Title	<u>Name</u>	Address	Type of Action
1 <u>61211</u>	Gerald Tommasone	PO BOX 1254 Destin Fl 32540	Add Kemove
			Add Remove
<del></del>			Add Remove
		·	Add Remove
			Add Remove
<del></del>			Add Remove
D. If amendi	ng any other information, enter change	e(s) here: (Attach additional sheets, if necessary.)	
		TALLA A	
Dated _ \( \bigvert \)	ovember 9, 201 Marie 6	D. FLORID	TED AND: 87
-		or authorized representative of a member	<u>.                                      </u>

Page 2 of 2

Filing Fee: \$25.00