10000115001

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EXAMINER

L. SELLERS

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SECRESSIATE
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TALLAHASSESSELLORIDA

COVER LETTER

TO: Registration Section Division of Corporations
SUBJECT: Places For Sale LLC
Name of Limited Liability Company
The enclosed Articles of Amendment and fee(s) are submitted for filing.
Please return all correspondence concerning this matter to the following:
Jason Shinpaugh Name of Person
Places For Sale LLC Firm/Company
425 W. Merritt Ave. Address
Merri H Island FL 32953 City/State and Zip Code
2-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Jason Shinpaugh at (32), 223-5095
Name of Person Area Code & Daytime Telephone Number
Enclosed is a check for the following amount:
\$25.00 Filing Fee \$\ \text{Certificate of Status}\$\$\$ \$55.00 Filing Fee & \text{Certified Copy} & \text{(additional copy is enclosed)}\$\$\$ \$60.00 Filing Fee, \text{Certified Copy} & \text{Certified Copy} & \text{(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

Places For Sale	LLC				
(<u>Name of the Limited Liability Compan</u> (A Florida Limited Li	y as it now appears on our records.) iability Company)				
The Articles of Organization for this Limited Liability Company were filed on					
Florida document number <u>L10000115001</u> .					
This amendment is submitted to amend the following:					
A. If amending name, enter the new name of the limited liabil	<u>lity company here</u> :				
The new name must be distinguishable and end with the words "Limite "L.L.C."	ed 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 address here Name of New Registered Agent:					
	Ās -				
New Registered Office Address:	Enter Florida street address				
**************************************	City Florida Zip Code				
New Registered Agent's Signature, if changing Registered Agent:	FSJAI G				
I hereby accept the appointment as registered agent and agree	e to act in this capacity. I further agree to comply with				

If Changing Registered Agent, Signature of New Registered Agent

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				
<u>Title</u>	<u>Name</u>	Address	Type of Action	
MGRM	Jason Shinpaugh	425 W. Mernitt Ave. Mernitt Island FL 32953	Add Remove	
M <u>GRM</u>	Jennifer Clements	425 W. Mernitt Aye. Mernitt Island FL 32953	Add Kemove	
MGR.	Jannifer Clements	405 W. Mernitt Ave. Mernitt Islam Fl. 30953	Add Remove	
MGR	Jason Shinpaugh	425 W. Mernitt Ave. Mernitt Island FL 32953	Add 	
			Add Remove	
			Add Remove	
D. If amendi	ng any other information, enter change(s) here: (Attach additional sheets, if necessary.)		
			_ _	
<u></u>			-	
Dated 150		r authorized representative of a member	<u>_</u>	
-		b H printed name of signee		
	i yped or	himmen manne or signice		

Page 2 of 2

Filing Fee: \$25.00