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B. KOHR
MAY - 3 2011

EXAMINER



## **COVER LETTER**

TO: Registration Section Division of Corporations	A1 3 4 6
SUBJECT: College Square Holding LLC  Name of Limited Liability Company	PA STORY
The enclosed Articles of Amendment and fee(s) are submitted for filing.	
Please return all correspondence concerning this matter to the following:	
Arry N. Herne Name of Person	
Smith, Thumpson, Show, Minnoci + Color Firm/Company  3520 Thumssville Road 4th floor Address	~PA
3520 Thumsville Road 4th floor	
Tall. FL. 323 b9  City/State and Zip Code	
E-mail address: (to be used for future annual report notification)	
For further information concerning this matter, please call:	
Any N Horse at (950, 893 4105  Name of Person Area Code & Daytime Telephone Number	_
Enclosed is a check for the following amount:	
\$25.00 Filing Fee \$\ \text{Certificate of Status} \text{Status} \text{S55.00 Filing Fee & Gertificate of Status} \text{Certified Copy (additional copy is enclosed)} Cer	Status &

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



College Square Hol		v	Er . "
(Name of the Limited Liability Comp (A Florida Limited	any as it now appear Liability Company)	s on our records.)	
The Articles of Organization for this Limited Liability Compan	ny were filed on <u>D</u>	(e. )), 2010 and	assigned
Florida document number <u>L10000130391</u> .			
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited lia	bility company her	<u>e</u> :	
The new name must be distinguishable and end with the words "Lir"L.L.C."	nited Liability Compa	ny," the designation "LLC" or the	he abbreviation
Enter new principal offices address, if applicable:			
(Principal office address MUST BE A STREET ADDRESS)			
Enter new mailing address, if applicable:	<del></del>		<u></u>
(Mailing address MAY BE A POST OFFICE BOX)	<del> </del>		
	<del></del>		, <del></del>
B. If amending the registered agent and/or registered or registered agent and/or the new registered office address he		our records, enter the name	e of the new
Name of New Registered Agent:			<del></del>
New Registered Office Address:	Ent	ton Florida atreat address	
	Enter Florida street address		
	Citv	, Florida Zip Co	ode

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 = Manager MGRM = Managing Member Type of Action <u>Title</u> **Address** <u>Name</u> Antoinem. Boulos 1250-D Blauntstown Hury Toll. Ph 32304 Mgem \_\_\_ Add Christine Boulos Kemove 1250. D Blountstown Hwy
Tau. Fl. 32304 marin ☐ Add ☐ Remove ∏Add ☐ Remove ∏Add Remove D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) The articles are hereby amended to add Article VII to read as follows: Initial Copital Contributions. The total amount of cash contributed to the company is as follows: Christine Boulos . 1200.00 Dated \_\_\_ Signature of a member of authorized representative of a member

Page 2 of 2

Typed or printed name of signee

Filing Fee: \$25.00