## L10000131342

Office Use Only



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B. BOSTICK

JAN 7 2011

EXAMINER

## **COVER LETTER**

10:	Division of Co					
ʻ. SUBJE	· ····································	6426	Tampa, LLC			
<b>УСБ</b> ОЕ			ited Liability Company		-	
The end	closed Articles of	Amendment and fee(s) are sul	omitted for filing.			
Please	return all corresp	ondence concerning this matter	to the following:			
			Robert Eanell		_	
			Name of Person			
			he Keefe Law Group			
			Firm/Company			
		25	2nd St. N., Suite 190		<del></del>	
			Address			
		St	Petersburg, FI 33701			
		robe	City/State and Zip Code	า	11 SEI TALL	
		E-mail address: (	ert@keefelawgroup.com to be used for future annual report	notification)	JAN -	
For furt	ther information of	concerning this matter, please of	all:		<b>一覧章</b> マ	Treestate E
	R	obert Eanell	at (_813 )	367-7767	PM I	ED
	Name o	of Person	Area Code & Da	aytime Telephone Numb	FATE ORIDA	-
Enclose	ed is a check for t	he following amount:				
<b>√</b> \$25.	.00 Filing Fee	\$30.00 Filing Fee & Certificate of Status	S55.00 Filing Fee & Certified Copy (additional copy is encl	Certific losed) Certific	Filing Fee, cate of Status & led Copy onal copy is end	
	Regist Divisio P.O. B	ING ADDRESS: ration Section on of Corporations ox 6327 assee, FL 32314	Registration S Division of Co Clifton Buildin	orporations ng ve Center Circle		

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

6426 Tampa	a, LLC		
( <u>Name of the Limited Liability Company a</u> (A Florida Limited Liab	is it now appears lity Company)	on our records.)	
The Articles of Organization for this Limited Liability Company we	re filed on	12/27/2010	and assigned
Florida document numberL10000131342			
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited liability	company here	:	
Elena Augusta	•		
The new name must be distinguishable and end with the words "Limited "L.L.C."	Liability Compan	y," the designation "l	LLC" or the abbreviation
Enter new principal offices address, if applicable:			
(Principal office address MUST BE A STREET ADDRESS)		A	
		S S	
		ASS	Z []
Enter new mailing address, if applicable:		SEX.	7
(Mailing address MAY BE A POST OFFICE BOX)			2 11
		TATE	
	·	DA.	77
B. If amending the registered agent and/or registered office	address on ou	r records, <u>enter (</u>	the name of the nev
registered agent and/or the new registered office address here:			
Name of New Registered Agent:			
New Registered Office Address:			
	Enter Florida street address		
		, Florida	
	itv		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, enter the title, name, and address of each Manager or Managing Member being added or removed from our records:

MGR = M MGRM = 1	anager Managing Member		
Title	<u>Name</u>	Address	Type of Action
<del></del>			Add Remove
			Add Remove
			D Damaya
			= -
			Damaya
<del> </del>			Damaya
D. If amen 	ding any other information, en	ter change(s) here: (Attach additional sh	SECRITURE SECRETARIA
_ _ _			1-7 PM 4: 16 ASSEE. FLORIDA
Dated	1/3	$\frac{2011}{2000}$	
	Signature of	a member or authorized representative of a n	nember
		Robert J Eanell Typed or printed name of signee	

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Filing Fee: \$25.00