11000020700

| (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: | | | | |
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Office Use Only



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J :AULSREDBY EXAMINER AUG 23 2011

COVER LETTER

TO:

| TO: Registration S Division of Co | | | | | |
|-----------------------------------|--|---|-----------------|---|----------|
| SUBJECT: | UPPER PINE | LLAS SINGLES LLC | | | |
| , | Name of Limi | ted Liability Company | | | |
| The enclosed Articles of | Amendment and fee(s) are sub | omitted for filing. | | | |
| Please return all corresp | ondence concerning this matter | to the following: | | | |
| | | LESLIE RUDLOFF | | | |
| | | Name of Person | • | | |
| | UPPER | R PINELLAS SINGLES LLC | | | |
| | | Firm/Company | | | |
| , | 900 HARBOR HILL DRIVE | | | | |
| | | Address | | 201 SE | |
| | SAF | ETY HARBOR, FL 34695 | | 2011 AUG 22 SECRETARY TALL AHASSE | ······ |
| | • | City/State and Zip Code | | 3 22 753 ASS | E sustan |
| | FAS | @TAMPABY.RR.COM | | Y OF | T |
| D 0 4 10 4 | | to be used for future annual report notifica | tion) | FLO FLO | \$2. B |
| For further information | concerning this matter, please of | rali: | · | 8: 43 STATE LORID | |
| LES | LIE RUDLOFF | ai (| 74-3386 | | |
| Name | of Person | Area Code & Daytime T | elephone Number | . 14 | |
| Enclosed is a check for t | the following amount: | • | | | |
| ✓ \$25.00 Filing Fee | . \$30.00 Filing Fee & Certificate of Status | \$55.00 Filing Fee & Certified Copy (additional copy is enclosed) | Certified | e of Status & | ı |
| | LING ADDRESS: ration Section | STREET/COURIEI Registration Section | R ADDRESS: | | |

Division of Corporations

Tallahassee, FL 32301

2661 Executive Center Circle

Clifton Building

Division of Corporations

Tallahassee, FL 32314

P.O. Box 6327

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

| | INELLAS SINGLES L | | |
|--|---|--|--------------------------|
| (<u>Name of the Limited Liab</u> (A Flori | ility Company as it now appear da Limited Liability Company) | s on our records.) | |
| The Articles of Organization for this Limited Liabilit | y Company were filed on | 2/17/11 | and assigned |
| Florida document number L11000020700 | | | |
| This amendment is submitted to amend the following | g | | |
| A. If amending name, enter the new name of the | limited liability company her | <u>e</u> : | |
| The new name must be distinguishable and end with the "L.L.C." | | ny," the designation " | LLC" or the abbreviation |
| Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET AL | | - 1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1 | |
| | | | ZOII SE |
| | | | ZOI AUG SECRET |
| Enter new mailing address, if applicable: | | | TARY ASSE |
| (Mailing address MAY BE A POST OFFICE BOX | <u></u> | | |
| B. If amending the registered agent and/or re | | | r(/). |
| B. If amending the registered agent and/or re registered agent and/or the new registered office a | egistered office address on onderess here: | our records, enter | the name of the new |
|) | | | |
| Name of New Registered Agent: | | | |
| New Registered Office Address: | | | |
| | En | ter Florida street ad | dress |
| | City | , Florida | Zip Code |
| 1 | Cuy | | zip cone |

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

| <u>Title</u> | <u>Name</u> | Address | Type of Action |
|--------------|--|--|----------------|
| MGRM | GAYLE DECOSTE | PO BOX 643 DUNEDIN, EL 34697 | Add Remove |
| | | | Add Remove |
| | | | Add Remove |
| | | | Add Remove |
| · | | | Add Remove |
| D. If amend | ling any other information, enter change | e(s) here: (Attach additional sheets, if necessary | FILL AUG 22 |
| | | e(s) here: (Attach additional sheets, if necessary | AM 8: 43 |
| Dated | Quagest 17, 20, | or authorized representative of a member | _ _ |
| | GA' | YLE L DECOSTE or printed name of signee | |

Page 2 of 2

Filing Fee: \$25.00