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D. BRUCE
MAY 1 0 2011
EXAMINER

COVER LETTER

TO: Registration Section Division of Corporations	
SUBJECT: Todd Patricks Co. Salap LLC Name of Limited Liability Company	
Name of Limited Clabinty Company	
The enclosed Articles of Amendment and fee(s) are submitted for filing.	
Please return all correspondence concerning this matter to the following:	
Todd Patrick Name of Person	
Todd Patrick & Co. Salow LLC Firm/Company	
145 W. GRANAda Blvd Address	1
Ormord Beach Florida 32174	T
Todd P713 @ 90 L . Com E-mail address: (to be used for future annual report notification)	
For further information concerning this matter, please call:	
Todd Patrick at (386) 299-1912/386-212-6571 Name of Person Area Code & Daytime Telephone Number	
Enclosed is a check for the following amount:	
\$25.00 Filing Fee Certificate of Status Certified Copy (additional copy is enclosed) \$60.00 Filing Fee, Certificate of Status & Certified Copy (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

lodd Patrick & C	o. LLC					
(italie of the labileo las	bility Company orida Limited Lia	as it now as ibility Compa	ppears o iny)	our records.		
The Articles of Organization for this Limited Liabi	lity Company w	vere filed on	74M	ch 11, 20	11 and assi	gned
Florida document number L110000306	52					
This amendment is submitted to amend the following	ng:					
A. If amending name, enter the new name of the	<u>e limited liabili</u>	ity company	<u>here</u> :			
Todd Patrick & Co. So	JON LL	. C			,	
The new name must be distinguishable and end with th "L.L.C."	e words "Limite	d Liability Co	ompany,'	'the designation	"LLC" or the al	bbreviation
Enter new principal offices address, if applicable	e: Same	145	ω.	GRADAI	SA BLV	<u> </u>
(Principal office address MUST BE A STREET A	(DDRESS)	0rm	on d	Beach 71	32174	·····
						<u></u>
					District Control	¥ "T
Enter new mailing address, if applicable:		SAMO	2		<u> </u>	-
(Mailing address MAY BE A POST OFFICE BO.	<u>X)</u>					<u> </u>
D. If amonding the registered agent and/on a	unaistanad affic			manauda autawa		Sthe new
B. If amending the registered agent and/or in tregistered agent and/or the new registered office	e address here:	e address	on our	recorus, <u>enter</u>	the name of	<u>-tne new</u>
	_					
Name of New Registered Agent:	Toda	1 Patri	ick			
New Registered Office Address:	145 1	w GRA	NADA	BLVD		
			Enter 1	Florida street ac	ldress	
<u>-</u>	Or mond	Beach		, Florida _	32174	
		City			Zip Code	
Nov. Degletered Amentle Clamptons if showing Degl						

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

Title Name **Address Type of Action** Todd Patrick MGRM ₹ Add Remove MGRM Add Robert Mcyany Remove Marn Add Remove Add Remove ∏Add Remove ∏Add Remove D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) Signature of a member or authorized representative of a member Todd Patrick Typed or printed name of signee

Page 2 of 2

Filing Fee: \$25.00