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## **COVER LETTER**

TO: Registration Section Division of Corporations
SUBJECT: Above All Structure 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:
Mark hoyach Name of Person
Hove All Structure, Ll.C.
13650 UUTA Street horth
Largo, T. 33771 City/State and Zip Code
E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Kristing Latorre at (727) 535-1157  Name of Person Area Code & Daytime Telephone Number
Enclosed is a check for the following amount:
\$30.00 Filing Fee \$Certificate of Status \$55.00 Filing Fee \$Certified Copy (additional copy is enclosed) \$60.00 Filing Fee, 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

(Name of the Limited	HILL LLC.  Liability Company as it now appear: Florida Limited Liability Company)	s on our records.)	SECKE TAR VISION OF C
The Articles of Organization for this Limited Lia Florida document number 1100051	loa	LY 3, 2011	Y OF GIAIL SORPORES IN THE STREET OF THE STR
This amendment is submitted to amend the follo	wing:		<b>:</b> .
A. If amending name, enter the new name of  ADDY ALL STREET  The new name must be distinguishable and end with "L.L.C."  Enter new principal offices address, if applica  (Principal office address MUST BE A STREET)	the words "Limited Liability Comparable:    13450   1		or the abbreviation
Enter new mailing address, if applicable:  (Mailing address MAY BE A POST OFFICE I	<u></u>		
B. If amending the registered agent and/o registered agent and/or the new registered off		ur records, enter the	name of the new
Name of New Registered Agent:	Mark horsch		
New Registered Office Address:	Ent	er Florida street addres	ss
	City	, Florida	Zip Code
	City		enp coue

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, <u>enter the title, name, and address of each Manager or Managing Member being added or removed from our records</u>:

MGR = Manager

<u>Γitle</u> .	<u>Name</u>	<u>Address</u>	Type of Action
NGR	Mark horsch		Add Remove
			Add Remove
			Add Remove 
****			Add Remove
			Add Remove
		· · · · · · · · · · · · · · · · · · ·	Add Remove
). If amend	ding any other information, enter char	nge(s) here: (Attach additional sheets, if necessary.)	_
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	1-21-	011	<del>-</del> -
Dated			

Page 2 of 2

Filing Fee: \$25.00