L13000100431

Robert Carns (Requestor's Name)
5019 Valley Form Rd.
(Address) /
(Address)
19 Jahrange Fl. 32303 (City/State/Zip/Phone #)
(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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SECRETARY OF STATE



ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF



13 JUL 30 PM 1:39

Talbhosse F	ine Protection	S on our records
(A Fi	ability Company as it now appear orida Limited Liability Company)	s on our records.
The Articles of Organization for this Limited Liabi	ility Company were filed on I	My 16203 and assigned
Florida document number1300100	431.	, , ,
This amendment is submitted to amend the following	ing:	
A. If amending name, enter the new name of th	e limited liability company her	<u>e</u> :
The new name must be distinguishable and end with the "L.L.C."	ne words "Limited Liability Compa	ny," the designation "LLC" or the abbreviation
Enter new principal offices address, if applicable	le:	
(Principal office address MUST BE A STREET	ADDRESS)	
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BO	<i>DX</i>)	
B. If amending the registered agent and/or registered agent and/or the new registered offic		our records, enter the name of the new
Name of New Registered Agent:		
New Registered Office Address:		
	En	ter Florida street address
	City	, Florida Zip Code
	City	Lip Cont

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 = Manager MGRM = Managing Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
MGRM	Richard Carns	803 Hilo way	🔀 Add
		1000 FL 30308	Remove
	· 		Add
			Remove
			
			Add
			Remove
			Add
			Remove
			Add
			Remove
			Add
			Remove

D. If a	mending any other information, enter change(s) here: (Attach additional sheets, if necessary.)
Dated	1 1
_	ha S. Ma
	Signature of a member or authorized representative of a member
	Signature of a member or authorized representative of a member Robert S Carrox
	Typed or printed name of signee
	Page 3 of 3

Filing Fee: \$25.00