Page 1 of 1

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H130002716983)))



H130002716983ABC4

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations

Fax Number

: (850)617-6383

From:

Account Name : TRENAM, KEMKER, SCHARF, BARKIN, FRYE, O'NEILL & MULLIS, P.A.

Account Number : 076424003301 Phone

: (813)223-7474 Fax Number : (813)227-0435

13-2973 DRB

**Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please. **

Email Address:

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN CLPC, LLC

Certificate of Status	0
Certified Copy	1
Page Count	03
Estimated Charge	\$55.00

Electronic Filing Menu

Corporate Filing Menu

Help

DEC 1 2 2013

T. BROWN

12/11/2013

(((H13000271698 3)))

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

	C, LLC	•
(Name of the Limited Liability Comp (A Florida Limited	any as it now appears on our Liability Company)	records.)
The Articles of Organization for this Limited Liability Compan	y were filed on October 10	0, 2013 and assigned
Florida document number L13000143587		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited lin	bility company here:	
The new name must be distinguishable and end with the words "Lin"L.L.C."	nited Liability Company," the d	esignation "LLC" or the abbreviation
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDRESS)		SE TAIL
		T
Enter new mailing address, if applicable:		7555 I
(Mailing address MAY BE A POST OFFICE ROX)		79 3
		CON Si
B. If amending the registered agent and/or registered of registered agent and/or the new registered office address he	Mes address on our recor	ds, enter the name of the new
Name of New Registered Agent:		·
New Registered Office Address:	•	
	Enter Florid	a street address
		Florida
Now Desistant & court Standard It should be Desistant &	City	Zip Code
New Registered Agont's Signature, if changing Registered Agent	<u> </u>	

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

Page 1 of 3

(((H13000271698 3)))

If amending the Managers or Managing Members on our records, gnter 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	DAVID J. SHUKOVSKY	7647 ALBERT TILLINGHAST DRIVE	Add
		SARASOTA, FL 34240	Remove
MGRM	ARTHUR J. GORE	10359 CROSS CREEK BLVD. STE E	Add
		TAMPA, FL 33647	Remove
MGRM	DAVID J. SHUKOVSKY, 85 Trustoo of the "David J. Shukoviky	7647 ALBERT TILLINGHAST DRIVE	- Add
	Revocable Living Trust" Ulald June 19, 1997, as amended	SARASOTA, FL 34240	Remove
MGRM	ARTHUR J. GORE, as Trustee of the "Revocable Trust	10359 CROSS CREEK BLVD. STE E	Add
	of Arthur J. Gore" Wold April 12, 1989, as amunded	TAMPA, FL 33647	Remove
			Add
			Remove
	• •		Add
			Remove

(((H13000271698 3)))

If amend	ling any other information, enter change(s) here: (Attach additional sheets, if necessary.)
_	
-	
De	cember 11
eu	Havid Mush
	Signature of a member or authorized representative of a ptember David J. Shukovsky, as Trustoc of the "David J. Shukovsky Revocable Living Trust" wield alone 19, 1997, as amended - Men
	Typed or printed name of signee

Page 3 of 3

Filing Fee: \$25.00