

L05000 111 050

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

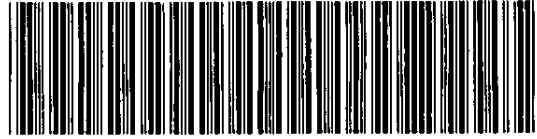
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



700286169627

05/25/16--01019--005 **25.00

RECEIVED
DEPARTMENT OF STATE
16 MAY 25 AM 11:39

FILED
16 MAY 25 AM 10:38
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

MAY 26 2016
J. HARRIS

SUNSHINE CORPORATE FILING OF FLORIDA INC.

3458 Lakeshore Drive
Tallahassee, Florida 32312
(850) 656-4724

SUNSHINECORPORATE2014@GMAIL.COM

Date: 5-24-16

ENTITY NAME:

CIRCLE K DEVELOPERS, LLC

****PLEASE FILE THE ATTACHED AND RETURN:****

X

Plain Copy

 Certified Copy

****PLEASE OBTAIN THE FOLLOWING FOR THE ABOVE ENTITY:****

Document Number: _____

 Certified Copy of Arts & Amendments

 Certificate of Good Standing

****APOSTILLE/NOTARIAL CERTIFICATION:****

COUNTRY OF DESTINATION _____

NUMBER OF CERTIFICATES REQUESTED _____

TOTAL AMOUNT OWED: 25-

CHECK NUMBER: 2531

PLEASE CONTACT TINA AT 850-508-1891 FOR ANY PROBLEMS OR INFORMATION ON THIS MATTER.

Thank you!

Tina Goff, President

**ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF**

CIRCLE K DEVELOPERS, LLC

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

The Articles of Organization for this Limited Liability Company were filed on 11-16-05 and assigned Florida document number L05000111050.

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."

Enter new principal offices address, if applicable:

(Principal office address MUST BE A STREET ADDRESS)

SECRETARY OF STATE
TALLAHASSEE FLORIDA
MAY 26 AM 10:38
FILED

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here:

Name of New Registered Agent: _____

New Registered Office Address: _____

Enter Florida street address

_____, Florida _____

City

Zip Code

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 605, 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 Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added or removed from our records:

MGR = Manager
 AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGRM	The EGBS Land Trust	176 Mine Lake Court, Suite 100,	<input checked="" type="checkbox"/> Add
		Raleigh, NC 27615	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGRM	James Robert Perryman Baynard II	7551 NW 153rd Lane	<input checked="" type="checkbox"/> Add
		Chiefland, FL 32626	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGRM	Benjamin A. Baynard	10291 NW 45th Street	<input checked="" type="checkbox"/> Add
		Chiefland, FL 32626	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGRM	The Baynard Family Land Trust	176 Mine Lake Court, Suite 100,	<input type="checkbox"/> Add
		Raleigh, NC 27615	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

SECRETARY OF STATE
 TALLAHASSEE, FLORIDA
 06 MAY 25 11:10:33
 FILED

D. If amending any other information, enter change(s) here: *(Attach additional sheets, if necessary.)*

Multiple horizontal lines for amending information.

E. Effective date, if other than the date of filing: _____ (optional)

(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of:
(b) The 90th day after the record is filed.

Dated May 3, 2016

Karen Rozar
Signature of a member or authorized representative of a member

Karen Rozar, Trustee of The EBGBS Land Trust and the Trustee of The Baynard Family Land Trust

Typed or printed name of signee

FILED
16 MAY 25 AM 10:38
SECRETARY OF STATE
TALLAHASSEE, FLORIDA