

LOG000018396

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

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WAIT

☐

MAIL

(Business Entity Name)

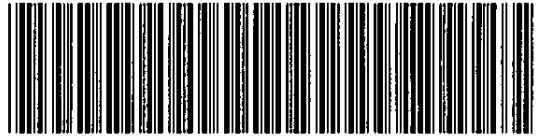
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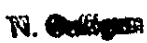
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05/15/08--01036--004 **25.00

FILED
08 MAY 15 PM 12:04
SECRETARY OF STATE
TALLAHASSEE FLORIDA

N.  MAY 16 2008

LAW OFFICES OF
DAVID W. GRIFFIN, P.A.
ATTORNEY AND COUNSELOR AT LAW
honest.lawyer@gte.net
THE TOWN CENTRE
565 SOUTH DUNCAN AVENUE
CLEARWATER, FLORIDA
33756

TELE (727) 466-6900

FAX (727) 466-9777

May 12, 2008

Florida Department of State
Amendment Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

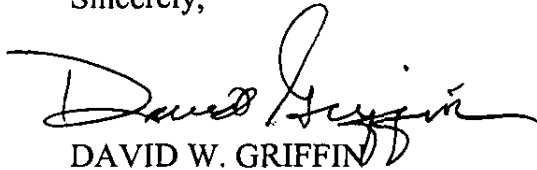
RE: DUNELLON PROPERTIES, LLC
ARTICLES OF AMENDMENT TO ARTICLES OF INCORPORATION
#29,265

Dear Sir or Madam:

Enclosed herewith for filing is the Articles of Amendment of Articles of Organization for the above-referenced Florida corporation. Also enclosed is our trust account check in the amount of \$25.00 for the filing fee.

Please return the letter of acknowledgment to our office in the enclosed envelope. Thank you for your assistance in this regard. Please call if you need additional information.

Sincerely,



DAVID W. GRIFFIN

ljj/enc.

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: DUNELLON PROPERTIES, 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:

DAVID W. GRIFFIN, ESQUIRE

(Name of Person)

DAVID W. GRIFFIN, P.A.

(Firm/Company)

565 SOUTH DUNCAN AVENUE

(Address)

CLEARWATER, FL 33756

(City/State and Zip Code)

For further information concerning this matter, please call:

DAVID W. GRIFFIN, ESQUIRE

(Name of Person)

at (727) 466-6900

(Area Code & Daytime Telephone Number)

Enclosed is a check for the following amount:

☒ \$25.00 Filing Fee

☐ \$30.00 Filing Fee &
Certificate of Status

☐ \$55.00 Filing Fee &
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

FILED

08 MAY 15 PM 12:04

SECRETARY OF STATE
TALLAHASSEE FLORIDA

DUNELLON PROPERTIES, 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 02/20/2008 and assigned
Florida document number L08000018396.

This amendment is submitted to amend the following:

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

DUNELLON PROPERTIES, LLC

The new name must be distinguishable and end with 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)

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 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

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
			☐ Add
			☐ Remove
			☐ Add
			☐ Remove
			☐ Add
			☐ Remove
			☐ Add
			☐ Remove
			☐ Add
			☐ Remove

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

FILED
 08 MAY 15 PM 12:04
 SECRETARY OF STATE
 TALLAHASSEE FLORIDA

Dated 5/12/08



 Signature of a member or authorized representative of a member
JAMES S. BAKER, MANAGER

 Typed or printed name of signee