# 1090007303

Office Use Only

G. MCLEOD

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**EXAMINER** 



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SECRETARY OF STATE DIVISION OF CORPORATION

### **COVER LETTER**

TQ: -Registration Section ' Division of Corporations			
	Come to division 110		
SUBJECT: 4	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:			
	1. JERRY ROYER Name of Person		
	Name of Person  Group 10 FNANCIAL LLC  Firm/Company		
	3567 CAMELOT DRIVE		
	City/State and Zip Code		
	E-mail address: (to be used for future annual report notification)		
For further information concerning this matter, please call:			
Name of P	Person at (863 422-4802) Area Code & Daytime Telephone Number		
Enclosed is a check for the following amount:			
\$25.00 Filing Fee	\$30.00 Filing Fee & \$55.00 Filing Fee & \$60.00 Filing Fee, Certificate of Status  Certificate of Status  Certified Copy (additional copy is enclosed)  Certified Copy (additional copy is enclosed)		

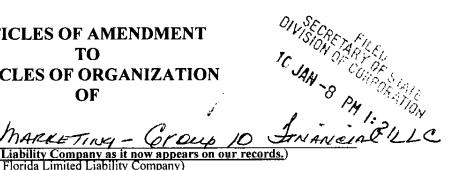
#### **MAILING ADDRESS:**

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 ARTICLES OF ORGANIZATION **OF**



The Articles of Organization for this Limited Liability Company were filed on \_ and assigned Florida document number <u>L090000</u> 7303.

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited lia			
The new name must be distinguishable and end with the words "Lir"L.L.C."	mited Liability Company," the o		
Enter new principal offices address, if applicable:	3567 K	CAMELOT DRIVE	
(Principal office address MUST BE A STREET ADDRESS)	GRENE L	CANELOT DRIVE EFF, Floring 33844	
Enter new mailing address, if applicable:  (Mailing address MAY BE A POST OFFICE BOX)			
B. If amending the registered agent and/or registered of registered agent and/or the new registered office address he		rds, enter the name of the new	
Name of New Registered Agent:			
New Registered Office Address:			
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

**Type of Action Address** Title <u>Name</u> NicHolas A. ROYER MCRM Remove Add 🔲 Remove Add Remove □Add Remove  $\square$ Add Remove D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) nber of authorized representative of a member Typed or printed name of signee

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Filing Fee: \$25.00