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11 JUN 10 AH ID: 38

B. BOSTICK

JUN 1 3 2011

EXAMINER

## **COVER LETTER**

TO: Registration Section Division of Corporations
SUBJECT: Florida Turnpike Towns, IIC.  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:
Anthony DiFrancesco Jr.  Name of Person
Florida Turnpike Tawng, LLC.
3345 Okeachabee Road  Address
Fort Pierce FL 34947  Cify/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 Person at (11a) 465-6404 To See Area Code & Daytime Telephone Number See 38
Enclosed is a check for the following amount:
\$25.00 Filing Fee \$\ \text{Certificate of Status} \text{S55.00 Filing Fee &  \text{S60.00 Filing Fee, } \text{Certificate of Status &  \text{Certified Copy (additional copy is enclosed)} \text{Certified Copy (additional copy is enclosed)} \text{\$}

#### 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

(Name of the Limited Liability Com	pany as it now appears on out I Liability Company)	r records.)		
The Articles of Organization for this Limited Liability Compar Florida document number <u>LO9</u>	ny were filed on <u></u> <u></u> <u></u> <del>3</del> - <u>3</u>	and assigned		
This amendment is submitted to amend the following:				
A. If amending name, enter the new name of the limited lis	ability company here:			
The new name must be distinguishable and end with the words "Lin"L.L.C."	mited Liability Company," the	e designation "LLC" or the abbreviation		
Enter new principal offices address, if applicable:		ALL 1		
(Principal office address MUST BE A STREET ADDRESS)				
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		STELL SALL		
Training waters, 1971 DE 711 OST OTTTOE BOTY		DFF & DFF		
B. If amending the registered agent and/or registered e registered agent and/or the new registered office address he		ords, enter the name of the new		
Name of New Registered Agent:				
New Registered Office Address:	Enter Flor	rida 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, <u>enter the title, name, and address of each Manager or Managing Member being added or removed from our records</u>:

MGR = Manager

MGRM = Managing Member

Title **Address** Type of Action Name 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, 3) Signature of a member or authorized representative of a member

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Filing Fee: \$25.00