## #10900086006

| (Requestor's Name)                      |  |  |  |
|---|--|--|--|
| (Address)                               |  |  |  |
| (Address)                               |  |  |  |
| (City/State/Zip/Phone #)                |  |  |  |
| (Only/Otalio/Enp/)                      |  |  |  |
| PICK-UP WAIT MAIL                       |  |  |  |
| (Business Entity Name)                  |  |  |  |
| (Business Entity Name)                  |  |  |  |
| (Document Number)                       |  |  |  |
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| Certified Copies Certificates of Status |  |  |  |
| Special Instructions to Filing Officer: |  |  |  |
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EXAMINER EXAMINER FEB 13 2012

## **COVER LETTER**

| TO: Registration Section Division of Corporations  |
|--|
| SUBJECT: DANNY GATTIS & Associates 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:  |
| DANNY GAttis   |
| Name of Person   |
| DANNY GATTIS & ASSOCIATES LLC Firm/Company   |
| 2427 Predmont Lakes blud<br>Address  |
| Apopka fl 32703 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 Person  Name of Person  Area Code & Daytime Telephone Number   |
| Name of Person Area Code & Daytime Telephone Number  |
| Enclosed is a check for the following amount:  |
| \$25.00 Filing Fee \$\ \text{S30.00 Filing Fee & Certificate of Status} \text{S55.00 Filing Fee & Certified Copy (additional copy is enclosed)} \text{\$\text{\$\subset\$60.00 Filing Fee, Certified Copy (additional copy is enclosed)}} \text{\$\text{\$\text{\$\subset\$care}} \text{\$\text{\$\subset\$care}} \text{\$\text{\$\text{\$\subset\$care}} \text{\$\text{\$\subset\$care}} \text{\$\text{\$\text{\$\subset\$care}} \text{\$\text{\$\subset\$care}} \text{\$\text{\$\text{\$\subset\$care}} \text{\$\text{\$\subset\$care}} \text{\$\text{\$\subset\$care}} \text{\$\text{\$\text{\$\subset\$care}} \$\text{ |
|  |

MAILING ADDRESS:

TO:

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

12 FEB 10 PM 3: 84 SACRETARY OF STATE

| DAHNY CAttis   | Associates LLC                          | I'ALLAHASSEE, FLORDA                    |  |
|--|---|---|--|
| (Name of the Limited Lia   | bility Company as it now appears on o   | ur records.)                            |  |
| `  |   |   |  |
| The Articles of Organization for this Limited Liabil   |   | and assigned                            |  |
| Florida document number <u>L0900008</u>  | ما 00 ما                                | ,                                       |  |
| This amendment is submitted to amend the following   | ng:                                     |   |  |
| A. If amending name, enter the new name of the   | e limited liability company here:       |   |  |
| The new name must be distinguishable and end with the "L.L.C."                                     | e words "Limited Liability Company," th | e designation "LLC" or the abbreviation |  |
| Enter new principal offices address, if applicable   | :                                       |   |  |
| (Principal office address MUST BE A STREET A.  | DDRESS)                                 |   |  |
|  |   |   |  |
|  |   |   |  |
| Enter new mailing address, if applicable:  |   |   |  |
| (Mailing address MAY BE A POST OFFICE BOX  | <u> </u>                                |   |  |
|  |   |   |  |
| B. If amending the registered agent and/or re<br>registered agent and/or the new registered office |   | cords, enter the name of the new        |  |
|  |   |   |  |
| 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 of Managing Member being added or removed from our records:

MGR = Manager

MGRM = Managing Member Type of Action Address <u>Title</u> **Name** Troy Fechtler Spring MARBOR Cir Apt 7 Add Remove M+ DORA Mike Reed 1002 Spring CAREK dr ☐ Add ☐ Remove Remove  $\square$ Add Remove D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) Dated Signatude of a member or authorized representative of a member GAHIS
Typed or printed name of signee

Page 2 of 2

Filing Fee: \$25.00