## 4/2000/62935

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## **COVER LETTER**

TO: Registration Section Division of Corporations
SUBJECT: Foster, Burrus, Ray and Bramard 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:
Mary Burrus Name of Person
Foster, Burrus, Ray, Brainard Assec. ELC Firm/Company  1612 Crabtree Mountain Road  Address  Clyde, N.C. 28721  City/State and Zip Code
1612 Crabtree Mountain Road :
Clyde, N.C. 28721
E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Mary Foster Burrus at (828) 648-0628 828-734-6233  Name of Person 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 & Certificate of Status & Certified Copy (additional copy is enclosed)  \$60.00 Filing Fee,  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**

(Name of the Limited Liability Compa) (A Florida Limited L	ny as it now appears o	brainard Assimour records.	ociates LLC
The Articles of Organization for this Limited Liability Company Florida document number <u>L 1200062935</u>	were filed on <u>M</u>	2y 4,2012 ar	nd assigned
This amendment is submitted to amend the following:	<del></del>		
A. If amending name, enter the new name of the limited liab  Thickety Erec  The new name must be distinguishable and end with the words "Limi "L.L.C."		"the designation."LLC" o	r the abbreviation
Enter new principal offices address, if applicable:	SAME		***
(Principal office address MUST BE A STREET ADDRESS)			NO. 2792-11
			Ž T
Enter new mailing address, if applicable:	Same	0.35 (m.s.	5 TT
(Mailing address MAY BE A POST OFFICE BOX)		Constitution of the consti	<b>69</b>
B. If amending the registered agent and/or registered of registered agent and/or the new registered office address here		records, enter the na	me of the new
Name of New Registered Agent:	/A	·	
New Registered Office Address:	Enter	Florida street address	
<del></del>	City	, Florida 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.

Many J. Bussey
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 **Title Type of Action** <u>Name</u> **Address** ☐ Add Remove ☐ Add Remove ☐ Add □ Remove Remove ....Re<u>m</u>ove 1 Remove D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) 2012 Mary Foster Typed or printed name of signee

Page 2 of 2

Filing Fee: \$25.00