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EXAMINER



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## **COVER LETTER**

то:	Registration Section ' Division of Corporations	•	•	•	**	آثند	
SUBJI	ECT: <u>AALM</u>	<u> </u>	ELKINS ited Liability Company	5 <u>11</u> C	<del> </del>		
The en	closed Articles of Amendme	nt and fee(s) are su	bmitted for filing.				3 P.
Please	return all correspondence co	ncerning this matte	r to the following:				量量
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For fur	ther information concerning				,		
Oc	Name of Person		at (239) Area Co	PN 105 ode & Daytime To	elephone Number		
Enclose	ed is a check for the followir	ig amount:					
		10 Filing Fee & rtificate of Status	\$55.00 Filing Fee Certified Copy (additional copy		\$60.00 Filin Certificate Certified C (additional	of Status	

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

ed 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 \_ Florida document number <u>L17,11000</u> This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: 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

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.

City

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>	Name	Address	Type of Action
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D. If amendi	ng any other information, enter change	(s) here: (Attach additional sheets, if necessary.)	
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-		or authorized representative of a member	
+	Typed c	or printed name of signee	

Page 2 of 2

Filing Fee: \$25.00