

L99000000961

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

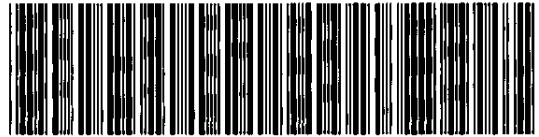
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2009 MAY 18 PM 1:51
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FILED

C. LEWIS

MAY 19 2009

EXAMINER

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: 116 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:

Raymond D. Harrison

Name of Person

116 Associates, LLC

Firm/Company

822 West Central Blvd

Address

Orlando, FL 32805

City/State and Zip Code

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Raymond D. Harrison

Name of Person

at (407) 422-4467

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 &
Certified Copy
(additional copy is enclosed)

☐ \$60.00 Filing Fee,
Certificate of Status &
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

FILED

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116 Associates, LC

(Name of the Limited Liability Company as it now appears on our records)
(A Florida Limited Liability Company)

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

The Articles of Organization for this Limited Liability Company were filed on 2/19/1999 and assigned
Florida document number L99000000961.

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: Raymond D. Harrison

New Registered Office Address: 822 West Central Blvd

Enter Florida street address

Orlando

City

Florida

32805

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.

Raymond D. Harrison
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:

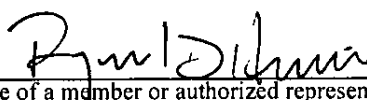
MGR = Manager

MGRM = Managing Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGR	Glen L. Spivey	822 West Central Blvd Orlando, FL 32805	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
MGRM	Raymond D. Harrison	822 West Central Blvd Orlando, FL 32805	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
MGRM	A. Keith Holcomb, Jr.	822 West Central Blvd Orlando, FL 32805	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove

D. If amending any other information, enter change(s) here: *(Attach additional sheets, if necessary.)*

Dated May 8, 2009



Signature of a member or authorized representative of a member

Raymond D. Harrison

Typed or printed name of signee

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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