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EXAMINER

FLORIDA FILING & SEARCH SERVICES, INC.

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DATE:

08-24-09

NAME:

FALLER FAMILY, LLC

TYPE OF FILING: ARTICLES OF AMENDMENT

COST:

\$25

RETURN:

ACCOUNT: FCA00000015

AUTHORIZATION:

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

OS AUG 24 PM 3: 45
TALLED ST. FLORIDA

FALLER F	AMILY, LLC		. 01	
(Name of the Limited Liability Com (A Florida Limited	pany as it now appears Liability Company)	rs on our records.)		
The Articles of Organization for this Limited Liability Compa			\frac{1}{2}\frac{1}{2}\frac{1}{2}	
·	dy were ured on	April 10, 2001	and assigned	
Plorida document numberL0100006062,				
This amendment is submitted to amend the following:		·		
A. If amending name, <u>enfer the new name of the ilmited li</u>	bility company he	ire:		
The new name must be distinguishable and end with the words "Li "L.L.C."	mited Liability Comp	any," the designation "L	LC" or the abbreviatio	
Enter new principal offices address, if applicable:	c/o Robert F	c/o Robert Faller		
(Principal office address MUST BE A STREET ADDRESS)	5777 Beechwood Trail			
	Fort Myers, Florida 33919			
Enter new mailing address, if applicable:	cio Robert F	eller	<u>.</u>	
Mailing address MAY BE A POST OFFICE BOX)	5777 Beech	wood Trall		
	Fort Myers,	Fort Myers, Florida 33919		
B. If amending the registered agent and/or registered registered agent and/or the new registered office address h		our records, enter th	ie name of the ne	
Name of New Registered Agent:	,			
				
New Registered Office Address:	<i>E</i> :	nter Florida street addr	ess	
		. 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 or Managing Member being added or removed from our records:

MGR = Manager

MGRM = Managing Member <u>Address</u> Type of Action Title <u>Name</u> MGR Charles S. Faller, III DbA 🔲. ☑ Remove <u>MG</u>RM Robert O. Faller 5777 Beechwood Trail ☑ Add Fort Myers, Florida, 33919 Remove bb∧ 🗖. Remove ☐ Add Remove DbA□ Remove Remove D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) 2009 August 21 Dated Charles S. Faller, Jr.
Typed or printed name of signee

> Page 2 of 2 Filing Fee: \$25.00