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SECRETARY OF STATE
TALLAHASSEE, FIORINA

D. BRUCE

JUL 14 2009

EXAMINER

COVER LETTER

TO:

TO: Registration S Division of Co			
SUBJECT:	Bruce Wilson La	nd Development, LLC	
	Name of Limit	ed Liability Company	
The enclosed Articles o	f Amendment and fee(s) are sub-	mitted for filing.	
Please return all corresp	ondence concerning this matter t	to the following:	
,		Jeremy J. Deters Name of Person	
		Name of reison	
		Deters Law Firm	
		Firm/Company	
	2477	7 Royal Drive, Ste 2100	
		Address	09 7ALL
	=	t. Mitchell, KY 41017	
		City/State and Zip Code	TARY ASS
	ieren	ny@deterslawfirm.com	
	E-mail address: (to	be used for future annual report notification)	PH 2: PF ST -
For further information	concerning this matter, please ca	dli:	: 39 FATE ORIDA
	emy J. Deters	at (859) 344-7846	
Name	of Person	Area Code & Daytime Telephone Nu	mber .·
Enclosed is a check for	the following amount:		
\$25.00 Filing Fee	\$30.00 Filing Fee & Certificate of Status	Certified Copy Cert (additional copy is enclosed) Cert	0 Filing Fee, ificate of Status & ified Copy litional copy is enclosed)
Regis Divis	LING ADDRESS: tration Section ion of Corporations Box 6327	STREET/COURIER ADDRES Registration Section Division of Corporations Clifton Building	SS:
Tallahassee, FL 32314		2661 Executive Center Circle Tallahassee, FL 32301	

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Bruce Wilson	Land Developmen	it, LLC	<u></u>
(<u>Name of the Limited Liabilit</u> (A Florida	ty Company as it now appear Limited Liability Company)	ars on our records.	
The Articles of Organization for this Limited Liability	Company were filed on	June 12, 2001	and assigned
Florida document numberL0100009825	<u></u> .		
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the lin	nited liability company he	e <u>re</u> :	
	s Land Development,		
The new name must be distinguishable and end with the wo "L.L.C."	ords "Limited Liability Comp	pany," the designation "L	LC" or the abbreviation
Enter new principal offices address, if applicable:			
(Principal office address MUST BE A STREET ADD	RESS)		SE 09
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		HASSEE, FLO	IN THE STATE OF STATE
B. If amending the registered agent and/or registered agent and/or the new registered office ade		our records, enter the	ne name of the new
Name of New Registered Agent:			
New Registered Office Address:	E	nter Florida street addr	ress
		. 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 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>	Address	Type of Action		
			Add Remove		
			Add Remove		
			Add Remove		
			Add Remove		
			Add Remove		
D. If amend	ding any other information, enter chan	ge(s) here: (Attach additional sheets, if necess	O9 JUL 13		
_ _			PH 2: 39 OF STATE FLORIDA		
Dated	July 6 . 20	209.			
	·	er or authorized representative of a member	-		
		Charles H. Deters d or printed name of signee			

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Filing Fee: \$25.00