L02000020893

(Requestor's Name)				
(Address)				
. (Address)				
(City/State/Zip/Phone #)				
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(Business Entity Name)				
(Document Number)				
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J. SAULSBERRY EXAMINER

SEP 14 2012



September 11, 2012

LES W. BURKE O
ROB BLUB, JR.
EDWARD A. HUTCHISON, JR.
ELIZABETH J. WALTERS *
DOUGLAS L. SMITH +
MICHAEL S. BURKE
M. TODD BURKE
WILLIAM S. HENRY **
JIMMY D. BARR ++
WILLIAM C. HENRY ***
JOY MARLER MASTERS +++
J. CHRISTOPHER BARR
DUSTIN N. DAILLY
MICHAEL J. HAUVERSBURK
MICHAEL J. HENRY

Or Counsel

* ALSO ADMITTED IN ALABAMA

** Also Admitted in Georgia
*** Also Admitted in New York

+++ LL.M.In Taxation

+ Christed Circuit Count Mediator ++ Christed Circuit Court Mediator

AND CERTIFIED FAMILY LAW MEDIATOR

Registration Section Division of Corporations P. O. Box 6327 Tallahassee, FL 32314

> Re: Talkington Properties, LLC Our File No.: T229-13335

Dear Sirs:

Please find enclosed an amendment to the above limited liability company with our check #86140 for \$25.00. Do not hesitate to call if you have any questions or if you need any additional information.

Sincerely,

BURKE BLUE HUTCHISON WALTERS & SMITH, P.A.

Michelle Rushing, Assistant to Edward A. Hutchison, Jr.

PANAMA CITY
221 McKenzie Avenue
Panama City, Florida 32401
Telephone (850) 769-1414
Facsimile (850) 784-0857

PANAMA CITY BEACH
16215 PANAMA CITY BEACH PARKWAY
PANAMA CITY BEACH, FLORIDA 32413
TELEPHONE (850) 236-4444
FACSIMILE (850) 236-1313

SANDESTIN
GRAND BOULEVARD OFFICE PLAZA
215 GRAND BOULEVARD, SUITE 101
SANDESTIN, FLORIDA 32550
TELEPHONE (850) 267-9498
FACSIMILE (850) 267-9499

COVER LETTER

TO:

то:	Registration So Division of Co						
SUBJECT:TAL			I PROPERTIES, LLC				
		Name of Limi	ted Liability Company				
		Amendment and fee(s) are sub	-				
1 lease	return an correspo	ondence concerning this matter	to the following.				
	JAMES M. TALKINGTON						
			Name of Person				
TALKINGTON PROPERTIES, LLC							
	Firm/Company		·—	~ ~			
2428 JENKS AVE.			ASS.	1812			
			Address		RET/ AHA	SEP.	4.0
	PANAMA CITY, FL 32405			YRY I	2012 SEP 13 AH '9: 32	Ī	
	City/State and Zip Code			OF S		[
		E-mail address: (arrish12373@aol.com to be used for future annual report notific	ation)	F STATE FLORIDA	en è	*.
For fur	ther information	concerning this matter, please of	eall:		A	8	
	Wa	ard Hutchison	at (850) 7	69-1414			
	Name o	of Person	Area Code & Daytime	Telephone Number			
Enclos	ed is a check for t	the following amount:					
\$25	.00 Filing Fee	\$30.00 Filing Fee & Certificate of Status	\$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	Certified	e of Statu		i)
MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314		ration Section on of Corporations Box 6327	STREET/COURIE Registration Section Division of Corpora Clifton Building 2661 Executive Cen Tallahassee, FL 323	tions ter Circle			

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

	TALKINGTON PROF	PERTIES,	LLC		
(<u>Na</u>	me of the Limited Liability Company a (A Florida Limited Liabi	s it now appear lity Company)	rs on our records.)	_	
The Articles of Organization f	or this Limited Liability Company we	re filed on	08/15/2002	and assign	ed
Florida document number	L02000020893				
This amendment is submitted	to amend the following:				
A. If amending name, enter	the new name of the limited liability	company her	<u>·e</u> :		
The new name must be distinguing.	shable and end with the words "Limited	Liability Compa	any," the designation "l	LLC" or the abbr	eviation
D.D.C.				2012 SEL	
Enter new principal offices a	ddress, if applicable:			72	
(Principal office address MU	ST BE A STREET ADDRESS)			¥ 50 ST	
<u> </u>				SS 3	1
	-				TT
				E PS	Ser.
Enter new mailing address,	if applicable:			M 9: 32	· · · · · · · · · · · · · · · · · · ·
(Mailing address MAY BE A	POST OFFICE BOX)			JE 32	
B. If amending the registe	- ered agent and/or registered office	address on	our records, enter	the name of t	he new
registered agent and/or the i	new registered office address here:				
Name of New Regis	tered Agent:				
New Registered Offi	ce Address:				
		En	ter Florida street add	dress	
			, Florida		
		'itv	, 1 101 144	Zin 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>Title</u>	<u>Name</u>	Address	Type of Action	
MGR	ANN S. TALKINGTON	2428 JENKS AVE. PANAMA CITY, FL 32405	Add Remove	
· · · · · · · · · · · · · · · · · · ·			Add Remove	
		· · · · · · · · · · · · · · · · · · ·	Add Remove	
			Add Remove	
			Add Remove	
			Add Remove	
D. If amen —	ding any other information, enter ch	ange(s) here: (Attach additional sheets, if necessary.)	SECRETARY OF STATE TALLAHASSEE. FLORIDA	7
 			AM '9: 32 OF STATE FLORIDA 1	
Dated	4	<u>1019</u> .		
	James m. To	mber or authorized representative of a member yped or printed name of signee		

Page 2 of 2

Filing Fee: \$25.00