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COVER LETTER

TO: Registration Section
Division of Corporations

Fire Professionals of Tallahassee, 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:

Jennifer Kessinger

Name of Person

Fire Professionals of Tallahassee

Firm/Company

4664 Fledgling Drive

Address

Tallahassee, FL 32311

City/State and Zip Code

jennifer@fireprofessionalsfl.com

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

For further information concerning this matter, please call:

Jennifer Kessinger

__850**264-010**7

Name of Person

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

Fire Professionals of Tallahassee, LLC (Name of the Limited 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 $\frac{11/27/2002}{1}$ and assigned Florida document number Lc200031968 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, <u>enter the title, name, and address of each Manager or Managing Member being added or removed from our records</u>:

MGR = Manager MGRM = Managing Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
MGRM	Chad Teems	PO Box 848	Add
		Tallahassee, FL 32302	Remove
		<u> </u>	Add
			Remove
		.	Remove
			Add
			Remove NOV 25
			Add Remove
			Remove
			_
			Remove

. If amending any other information, ent	ter change(s) here: (Attach additional sheets, if necessary.)
November 19	2013
	CALLONS
Signature of	a member drauthorized representative of a member
Jennifer Kessinger	
	Typed or printed name of signee

Page 3 of 3

Filing Fee: \$25.00

