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**EXAMINER** 

SCORETARY OF STATE STATE CORPORATION

# FLORIDA FILING & SEARCH SERVICES, INC.

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DATE:

03-11-11

NAME: LIGHTNING BOLT LEASING, LLC

TYPE OF FILING: AMENDMENT TO ARTS OF ORGANIZATION

COST:

60.00

RETURN: CERTIFIED COPY & CERTIFICATE OF STATUS

ACCOUNT: Personnel S

**AUTHORIZATION: ABBIE/PAUL HODGE** 

### **COVER LETTER**

TO: Registration Sec Division of Corp	tion orations	1811 PH 2:1
SUBJECT: LIGH	TNING BOLT LEASING, LLC	FF
	Name of Limited Liability Company	2; \p
The enclosed Articles of A	mendment and fee(s) are submitted for filing.	
Please return all correspon	dence concerning this matter to the following:	
	SIMON D. ROTHSTEIN, ESQUIRE	
	Name of Person	
	Adams, Rothstein & Siegel, P.A.	
	Firm/Company	
	4417 Beach Boulevard, Suite 104	
	Address	
	Jacksonville, Florida 32207	
	City/State and Zip Code	
	E-mail address: (to be used for future annual report notification)	
For further information con	ncerning this matter, please call:	
Simon D. Roths Name of I		
Enclosed is a check for the	following amount:	
\$25.00 Filing Fee	S30.00 Filing Fee & S55.00 Filing Fee & S60.00 Filing Fee, Certificate of Status  Certified Copy (additional copy is enclosed)  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

TARA 1 PA 2: 18

	NING BOLT LEASING, 1		6
(Name of the Limited I (A F	liability Company as it now appear Florida Limited Liability Company)	rs on our records.)	J
The Articles of Organization for this Limited Liability Florida document numberL0200003200	bility Company were filed on 1:	./27/2002 and a	ssigned
riorida document number	<u>-</u>		
This amendment is submitted to amend the follow	ving:		
A. If amending name, enter the new name of t	the limited liability company he	<u>·e</u> :	
The new name must be distinguishable and end with "L.L.C."	the words "Limited Liability Comp	any," the designation "LLC" or the	e abbreviation
Enter new principal offices address, if applical	ble:		
(Principal office address MUST BE A STREET	'ADDRESS)		
			<del></del>
Tutou nove molling address if annicables			
Enter new mailing address, if applicable:  (Mailing address MAY BE A POST OFFICE B	<i>OX</i> )		
			C 41
B. If amending the registered agent and/or registered agent and/or the new registered offi-	· ·	our records, enter the name	of the new
Name of New Registered Agent:	Linda L. Lancaste	r	
New Registered Office Address:	3160 W. Beaver St		
	Er Jacksonville	ter Florida street address	
	City	, Florida	<del>de</del>
	-	-	

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. Of, 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.

16 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_	David W. Lancaster	3160 W. Beaver St. Jacksonville, FL 32254	Add Remove
MEM	Linda L. Lancaster	3160 W. Beaver Str. Jacksonville, FL 32254	Add Remove
			Add Remove
<del></del>	<del></del>		Add Remove
<del></del>	<del></del>		Add Remove
			Add Remove
D. If amer	nding any other information, enter chan	ge(s) here: (Attach additional sheets, if necessary.	) —-
	h	1.1	_
Dated F'€	bruary 11 20.  Signature of a membe	r or authorized representative of a member	<del></del>
	David W. Lancaster		

Typed or printed name of signee

Page 2 of 2

Filing Fee: \$25.00