

L03000000187

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

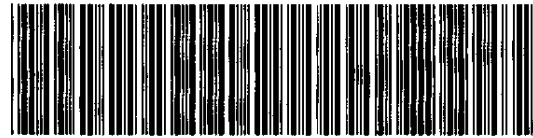
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

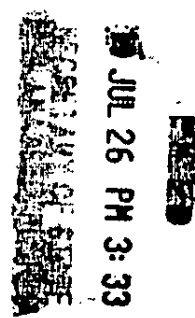
Office Use Only



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06/29/10--01011--009 **43.75

07/27/10--01035--002 **11.25



S. HAWKES

JUN 3 0 2010

EXAMINER

W



FLORIDA DEPARTMENT OF STATE
Division of Corporations

June 30, 2010

THOMAS WANDERON
3365 WOODS EDGE CIRCLE SUITE 103
BONITA SPRINGS, FL 34134

SUBJECT: CLARKTON PROPERTIES, L.L.C.
Ref. Number: L03000000187

We have received your document for CLARKTON PROPERTIES, L.L.C. and your check(s) totaling \$43.75. However, the enclosed document has not been filed and is being returned for the following correction(s):

We are enclosing the proper form(s) with instructions for your convenience.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6955.

Suzanne Hawkes
Regulatory Specialist II

Letter Number: 910A00016062

COVER LETTER

TO: Amendment Section
Division of Corporations

NAME OF CORPORATION: CLARKTON PROPERTIES, L.L.C.

DOCUMENT NUMBER: L03000000187

The enclosed *Articles of Amendment* and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

THOMAS WANDERON, E.A.

Name of Contact Person

TAX & FINANCIAL STRATEGISTS, LLC

Firm/ Company

3365 WOODS EDGE CIRCLE, SUITE 103

Address

BONITA SPRINGS, FL 34134

City/ State and Zip Code

WONDERTAX@AOL.COM

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

For further information concerning this matter, please call:

DEBBIE MCCORMICK

Name of Contact Person

at (239)

591-2512
Area Code & Daytime Telephone Number

Enclosed is a check for the following amount made payable to the Florida Department of State:

\$35 Filing Fee

\$43.75 Filing Fee &
Certificate of Status

\$43.75 Filing Fee &
Certified Copy
(Additional copy is enclosed)

\$52.50 Filing Fee
Certificate of Status
Certified Copy
(Additional Copy is enclosed)

Mailing Address

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

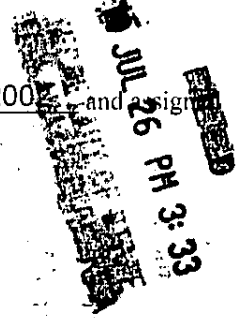
Street Address

Amendment Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

**ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF**

CLARKTON PROPERTIES, 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 December 31, 200 and signed

Florida document number L03000000187

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

_____, 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>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGRM	PAUL A. SANDS	1201 WESTFIELD DRIVE FORT MYERS, FL 33919	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
MGRM	LISA FARRELL-SANDS	1201 WESTFIELD DRIVE FORT MYERS, FL 33919	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
MGRM	MARY LOU FARRELL	5258-4 CEDARBEND DRIVE FORT MYERS, FL 33919	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove

Add
 Remove
JUL 26 PM 3:33
 Add
 Remove

D. If amending any other information, enter change(s) here: *(Attach additional sheets, if necessary.)*

Dated 7-15-2010

Lisa Farrell-Sands
Signature of a member or authorized representative of a member

LISA FARRELL-SANDS
Typed or printed name of signee