# L03000003020

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B. KOHR
MAR - 9 2010
EXAMINER

DIVISION OF CORPORATIONS

10 MAR -8 AM 9: 49

# **COVER LETTER**

TO:	Registration S Division of Co					
SUBJE	CT•	ADAMS PI	ROPERTIES, LLC	. E.		
30301			ited Liability Company	02.00		
				OHAR B		
The en	closed Articles o	f Amendment and fee(s) are sul	bmitted for filing.	ب ح		
Please	return all corresp	ondence concerning this matter	r to the following:			
	MARY W. COLON Name of Person					
Name of Person						
		SMITH, THOM	MPSON, SHAW & MANAUSA, P. A.			
Firm/Company						
3520 THOMASVILLE ROAD, FOURHT FLOOR						
			Address			
		TA	LLAHASSEE, FL 32309			
			City/State and Zip Code			
		F-mail address:	arybethc@stslaw.com (to be used for future annual report notification)			
For fur	ther information	concerning this matter, please				
	MAR	YBETH COLON	at ( 850 ) 893-4105			
	Name	of Person	Area Code & Daytime Telephone Number			
Enclos	ed is a check for	the following amount:				
<b>₹</b> ]\$25	5.00 Filing Fee	\$30.00 Filing Fee & Certificate of Status	S55.00 Filing Fee & S60.00 Filing Fee, 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		tration Section ion of Corporations 3ox 6327	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**



### ADAMS 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 Lia	bility Company	were filed onJANU	IARY 27, 2000	and assigned			
Florida document number L030000030	020						
This amendment is submitted to amend the follow	wing:						
A. If amending name, enter the new name of	the limited liab	ility company here:					
The new name must be distinguishable and end with "L.L.C."	the words "Limi	ted Liability Company,"	the designation "L	LC" or the abbreviation			
Enter new principal offices address, if applica	310 BLOUNT ST., SUITE 108						
(Principal office address MUST BE A STREET	TALLAHASSEE, FL 32301						
		···					
Enter new mailing address, if applicable:	P. O. BOX 15694						
(Mailing address MAY BE A POST OFFICE B	TALLAHASSEE, FL 32317						
B. If amending the registered agent and/o registered agent and/or the new registered off			ecords, <u>enter t</u>	he name of the new			
Name of New Registered Agent:	Name of New Registered Agent: SUSAN S.						
New Registered Office Address:	3520 THOMASVILLE ROAD, FOURTH FLOOR						
				Enter Florida street address			
	TAI	LAHASSEE	, Florida	32309			
		City	,	Zip Code			
New Designatured Agent's Signature if shanging D							

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.

> /s/ SUSAN S. THOMPSON 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
MGRM	PETER S. ROSEN	310 BLOUNT STREET, SUITE 108 TALLAHASSEE, FL 32301	Add Remove
<u>MGRM</u>	RYAN W. ADAMS	1248 BLOUNTSTOWN HWY TALLAHASSEE, FL 32304	Add Remove
	<del> </del>		Add Remove
			Add Remove
			Add Remove
			Add Remove
D. If amend	ding any other information, enter	change(s) here: (Attach additional sheets, if necessary.)	
			<del></del>
 Dated	NOVEMBER 124	2010 -2009	
		nember or authorized representative of a member	
		Typed or printed name of signee	

Page 2 of 2

Filing Fee: \$25.00