

(Red	questor's Name)			
(Add	dress)			
(Add	dress)			
(City	//State/Zip/Phon	e #)		
PICK-UP	WAIT	MAIL		
(Bus	siness Entity Nar	me)		
(Document Number)				
Certified Copies	Certificates of Status			
Special Instructions to Filing Officer:				

Office Use Only

G. MCLEOD

JUN 3 0 2011

**EXAMINER** 



400209364374

06/29/11--01015--013 \*\*25.00

TOMMY D. PERMENTER, JR. \*ALSO ADMITTED IN SC



Bellwether Professional Park 2201 S.E. 30th Avenue, Suite 202 Ocala, Florida 34471 TELEPHONE
(352) 622-1811
FACSIMILE
(352) 622-1866
EMAIL
TOMMY@PERMENTERLAW.COM

June 24, 2011

Registration Section Division of Corporations Post Office Box 6327 Tallahassee, Florida 32314

Re:

John P. Gresh Investments, L.L.C.

Document No.: L03000008860

Our File No.: 11-0065

#### Ladies and Gentlemen:

Enclosed please find Articles of Amendment to Articles of Organization of John P. Gresh Investments, L.L.C. for filing.

Also, enclosed is my firm's check in the amount of \$25.00 representing the filing fee.

Thank you for your assistance with this matter. If you have any questions, please do not hesitate to contact my office.

Sincerely,

THE PERMENTER LAW FIRM, P.A.

Tommy D. Permenter, Jr

TDP/am Enclosures

## **COVER LETTER**

Division of Cor	por acions	
SUBJECT:	John P. Gresh Investments, L.L.C.	
	Name of Limited Liability Company	
The enclosed Articles of	Amendment and fee(s) are submitted for filing.	
Please return all correspo	ondence concerning this matter to the following:	
	Tommy D. Permenter, Jr., Esquire	
	Name of Person	
	The Permenter Law Firm, P.A.	
	Firm/Company	
	2201 S.E. 30th Avenue, Suite 202	
	Address	
	Ocala, Florida 34471	
	City/State and Zip Code	
	Tommy@Permenterlaw.com	
	E-mail address: (to be used for future annual report notification)	
For further information c	concerning this matter, please call:	
	ermenter, Jr., Esquire at ( 352 ) 622-1811	
Name o	f Person Area Code & Daytime Telephone Number	
Enclosed is a check for the	he 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

TO:

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**

John ( <u>Name of the Limite</u>	P. Gresh Investments, L.I. d. Liability Company as it now appear (A Florida Limited Liability Company)	s on our records.	<u>_</u>		
The Articles of Organization for this Limited Florida document number		March 11, 2003	and assigned		
This amendment is submitted to amend the fo	llowing:				
A. If amending name, enter the new name	of the limited liability company her	<u>e</u> :			
The new name must be distinguishable and end w L.L.C." Enter new principal offices address, if appl	, ,	ny," the designation "L	LC" or the abbreviation		
Principal office address MUST BE A STRE	ET ADDRESS)	<u> </u>			
Enter new mailing address, if applicable:  Mailing address MAY BE A POST OFFICE  B. If amending the registered agent and	l/or registered office address on o		he name of the new		
egistered agent and/or the new registered	office address here:				
Name of New Registered Agent:	John P. Gresh				
New Registered Office Address:	2714 S.E. 22nd Avenue  Enter Florida street address				
	Ocala		34471		
	Quala	, Florida	VTT1		

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 **Type of Action** Title Address Name John P. Gresh, M.D. MGR 2714 S.E. 22nd Avenue ☐ Add Remove Ocala Florida 34471 MGR John P. Gresh 2714 S.E. 22nd Avenue ✓ Add Remove Ocala, Florida 34471 ☐ Add Remove Remove ∏Add Remove  $\square$ Add Remove D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) Dated\_ Jule 24 2011 Signature of a member of authorized representative of a member John P. Gresh Typed or printed name of signee

Page 2 of 2

Filing Fee: \$25.00