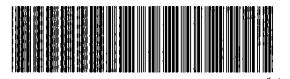
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(Re	questor's Name)	
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PICK-UP	☐ WAIT	MAIL
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Certified Copies	_ Certificates	s of Status
Special Instructions to f	Filing Officer:	
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J. SAULSBERRY EXAMINER JUN 9 2011

COVER LETTER

TO:

TO:				
SUBJECT: Footm		Footm	nan Trail, LLC	
		Name of Lim	nited Liability Company	
The end	closed Articles o	f Amendment and fee(s) are su	abmitted for filing.	
Please :	return all corresp	oondence concerning this matte	er to the following:	
			Yvonne Bunce	
			Name of Person	
Bivision of Corporations SUBJECT: Footman Trail, 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: Yvonne Bunce Name of Person Atlantic Blue Group, Inc. Firm/Company PO Box 1318 Address Lake Wales, FL 33859 City/State and Zip Code ybunce @ atlanticblue.us E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: Yvonne Bunce at (863) 679 9595 Name of Person at (863) 679 9595 Name of Person at (863) 679 9595 Area Code & Daytime Telephone No. Enclosed is a check for the following amount: Securificate of Status Certificate Copy (additional copy is enclosed) Certificate of Status Street/Course Address Registration Section Division of Corporations Division of Corporations Division of Corporations		tlantic Blue Group, Inc.		
			Firm/Company	
				
			Address AME JUN	म
Lake Wales, FL 33859 City/State and Zip Code		(C)		
			μη ⁻¹ με Ι	FF
		F-mail address: (Ounce@atlanticblue.us	
For furt	her information		<u> </u>	,
	·····			
	Name	of Person	Area Code & Daytime Telephone Number	
Enclose	ed is a check for t	the following amount:		
₹]\$25.	00 Filing Fee		Certified Copy Certificate of Status &	
	Regist Divisi P.O. B	ration Section on of Corporations		

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Footr	nan Trail, LLC			
(<u>Name of the Limited Liability</u> (A Florida Li	Company as it now appea imited Liability Company)	ers on our records.)		
The Articles of Organization for this Limited Liability Co	ompany were filed on	June 30, 2004	and assigned	i
Florida document numberL0400049257	<u></u>			
This amendment is submitted to amend the following:				
A. If amending name, enter the new name of the limit	ted liability company he	re:		
The new name must be distinguishable and end with the word "L.L.C."	ls "Limited Liability Comp	any," the designation '	'LLC" or the abbrev	/iation
E.E.C.			5 × 2	
Enter new principal offices address, if applicable:				
(Principal office address MUST BE A STREET ADDRI	ESS)		E ₩ = *	15.1
			AX SS	
		· · · · · · · · · · · · · · · · · · ·	max b	
			FE PR	
Enter new mailing address, if applicable:			<u> </u>	20.00
(Mailing address MAY BE A POST OFFICE BOX)		· <u>.</u>	<u> </u>	
B. If amending the registered agent and/or registe		our records, enter	the name of the	new
registered agent and/or the new registered office addre	<u>ess here</u> :			
Name of New Registered Agent:				
New Registered Office Address:		nter Florida street ad	duana	
	E)	ner rioriaa sireel aa	AI ESS	
	, 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 **Title** <u>Name</u> **Address** Type of Action MGR Karl Sweeney PO Box 1318, Lake Wales, FL 33859 ∏Add MGR David Koon PO Box 1318, Lake Wales, FL 33859 ✓ Add Remove □Add ☐ Remove Add Remove \square Add Remove \square Add Remove D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary) Dated ___ June 3 2011 Signature of a member or authorized representative of a member JD Alexander Typed or printed name of signee

Page 2 of 2

Filing Fee: \$25.00