

L04000054093

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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(Business Entity Name)

(Document Number)

Certified Copies _____

Certificates of Status _____

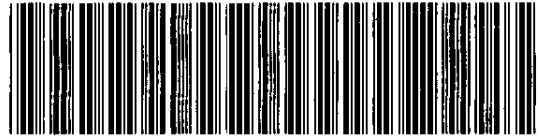
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A. LUNT

FEB 11 2010

EXAMINER

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2010 FEB 10 PM 4:04
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: FLORIDA PARTNERS, 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:

Richard D. Cimino, Esq. (239) 254-0847

Name of Person

Richard D. Cimino, P.A.

Firm/Company

9130 Galleria Court, Suite 311

Address

Naples, FL 34109

City/State and Zip Code

dick@rcimino.com

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

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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For further information concerning this matter, please call:

Richard D. Cimino, Esq.

Name of Person

at (239) 254-0847

Area Code & Daytime Telephone Number

Enclosed is a check for the following amount:

- ☒ \$25.00 Filing Fee ☐ \$30.00 Filing Fee & Certificate of Status ☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed) ☐ \$60.00 Filing Fee, Certificate of Status & 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**

FLORIDA PARTNERS, 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 7/21/2004 and assigned
Florida document number L04000054093.

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)

165 Lakeshore South

Lake Quivira, Kansas 66217

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

165 Lakeshore South

Lake Quivira, Kansas 66217

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CLERK OF STATE
TALLAHASSEE, FLORIDA

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:

Richard D. Cimino, Esq. (239) 254-0847

New Registered Office Address:

9130 Galleria Court, Suite 311

Enter Florida street address

Naples

City

, Florida

34109

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.

Richard D. Cimino
If Changing Registered Agent, Signature of New Registered Agent

#347 P.007/007

T-287 P007/007 F-570

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>
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SECRET
ALL INFORMATION CONTAINED HEREIN IS UNCLASSIFIED
DATE 10-17-96 BY SP-6 BTJ/KJS

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

Address of MGRM, John Scavuzzo, is changed to now be:

165 Lakeshore South, Lake Quivira, Kansas 66217

Dated February 5, 2010

Signature of a member or authorized representative of a member

John Scavuzzo, MGRM

Typed or printed name of signee

Page 2 of 2

Filing Fee: \$25.00

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ALLAH
Add
Remove
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OFFICE, FLORIDA