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D. BRUCE

NOV 27 2012

EXAMINER

COVER LETTER

TO:

Registration Section Division of Corporations

THE SECOND FALLSCHASE COMPANY, LLC

SUBJECT:

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:

E. LAMAR BAILEY

Name of Person

THE SECOND FALLSCHASE COMPANY, LLC

Firm/Company

3406 LAKESHORE DRIVE

Address

TALLAHASSEE, FLORIDA 32312

City/State and Zip Code

ELB@ELBA-USA.COM

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

For further information concerning this matter, please call:

E. LAMAR BAILEY

{...}850.556-9806

Name of Person

Area Code & Daytime Telephone Number

Enclosed is a check for the following amount:

□ \$25.00 Filing Fee

□\$30.00 Filing Fee & Certificate of Status 5.00 Filing Fee &
Certified Copy
(additional copy is enclosed)

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

THE SECOND FALLSCHASE COMPANY, 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 08/13/2004	and assigned
Florida document number L0400060412	<u></u> .	
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the lim	nited liability company here:	
The new name must be distinguishable and end with the wo "L.L.C."	ords "Limited Liability Company," the design	gnation "LLC" or the abbreviation
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADD	RESS)	7 2
		12 NO 1
		27
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		
	 	<u> </u>
B. If amending the registered agent and/or regis registered agent and/or the new registered office add	stered office address on our records dress here:	s, enter the name of the new
Name of New Registered Agent:		· · · · · · · · · · · · · · · · · · ·
New Registered Office Address:		
	Enter Florida s	street address
	7	orida
	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 amending the Managers or Managing Members on our records, <u>enter the title, name, and address of each Manager or Managing Member being added or removed from our records</u>:

MGR = Manager MGRM = Managing Member

<u>Title</u>	Name	Address	Type of Action
MGRM	E. LAMAR BAILEY	3406 LAKESHORE DRIVE, TALLAHASSEE, FL 3231:	2 🗹 Add
			Remove
			Remove
		·	Remove
			Add
		ľ	Remove
			Add O
			- -
			Add
			Remove

If amending any other information, enter	change(s) here: (Attach additional sheets, if necessary.)
NOVEMBER 27	2012
,	•
	member or authorized representative of a member
E. LAMAR BAILEY	Typed or printed name of signee

Page 3 of 3

Filing Fee: \$25.00

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