10400067683

| (Requestor's Name) |
|---|
| (Address) |
| (Address) |
| (City/State/Zip/Phone #) |
| PICK-UP WAIT MAIL |
| (Business Entity Name) |
| (Document Number) |
| Certified Copies Certificates of Status |
| Special Instructions to Filing Officer: |
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COVER LETTER

| Div | ision of Corp | porations | | |
|----------------|-----------------|---|---|---|
| SUBJECT: | R & G Nort | on Family, LLC | | |
| oobon.et. | | Name of Lim | ited Liability Company | |
| | | | | |
| The enclosed | d Articles of z | Amendment and fee(s) are sub | mitted for filing. | |
| Please returr | ı all correspoi | ndence concerning this matter | to the following: | |
| | | Gloria B Norton | | |
| | | | Name of Person | |
| | | | Firm/Company | |
| | | | rimeCompany | |
| | | 8135 Middle Fork Lane | | |
| | | | Address | |
| | | Jacksonville, FL 32256 | | |
| | | | City/State and Zip Code | |
| | | ccutler@beachcpafirm.com | | <u></u> |
| | | E-mail address: (| to be used for future annual report notifi | cation) |
| For further in | nformation co | oncerning this matter, please ca | alt: | |
| Gloria B No | | | 904 928-3387 | |
| | Name of | Person | at () Area Code Daytime | Telephone Number |
| | | | | |
| Enclosed is | a check for th | e following amount: | | |
| ■ \$25.00 F | 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) |

TO:

Registration Section

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

| R & G Norton Family, LLC | | | | | | |
|--|---|---|------------------------|------------|------------------|-----------|
| (<u>Name of the Limited</u> (/ | Liability Compar X Florida Limited L | iv as it now appears of iability Company) | n our records.) | | | |
| The Articles of Organization for this Limited Lial | bility Company | were filed on Septe | mber 15, 2004 | | and as: | signed |
| Florida document number L04000067683 | · | | | | | _ |
| This amendment is submitted to amend the follow | ving: | | | | | |
| A. If amending name, <u>enter the new name of t</u> | he limited liabi | lity company here | : | | | |
| The new name must be distinguishable and contain the wor | rds "Limited Liabili | ty Company," the desi | gnation "LLC" or th | e abbrev | iation "L | .L.C." |
| Enter new principal offices address, if applicat | ble: | | | | | |
| Principal office address MUST BE A STREET | (ADDRESS) | | | · P4. | | |
| | | | | <u></u> | 617 | 197" |
| | | | | • | 961 | 1324 |
| Enter new mailing address, if applicable: | | | | ~ _ | 20 | g |
| Mailing address MAY BE A POST OFFICE B | <i>ΟX</i>) | | | | ', | 227 |
| | <u> </u> | | | - | <u>۔۔۔</u> نہ | |
| D. If amonding the pagintaged agent and to | | | | \$7 en | N. | |
| B. If amending the registered agent and/or registered agent and/or the new registered offi | r registered on <u>ce address here</u> | nce address on o | ur records, <u>ent</u> | er the | name | of the ne |
| | | | | | | |
| Name of New Registered Agent: | | | | | - | |
| New Registered Office Address: | | | <u>,</u> | | | |
| | | Enter Florida | street address | | | |
| | | | Florida | | | |
| | | City | | 7 | ip 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 605, 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 Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added or removed from our records:

MGR = Manager AMBR = Authorized Member

| <u>Title</u> | <u>Name</u> | Address | Type of Action |
|--------------|------------------|------------------------|----------------|
| P, S, T | Gloria B Norton | 8135 Middle Fork Lane | |
| | | Jacksonville, FL 32256 | □ Remove |
| | | | ☐ Change |
| VPST | Raymond H Norton | 8135 Middle Fork Lane | |
| | | Jacksonville, FL 32256 | ■ Remove |
| | | | Change |
| | | | Add |
| | | | ☐ Remove |
| | | | ☐ Change |
| | | | |
| | | | □ Remove |
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| ote: If the date inserted | than the date of filing: | optional) after filing.) Pursuant to 605.0207 , this date will not be listed as |
| rediffert 3 circuit date | on the Department of State & records. | |
| e record specifies a The 90th day after | delayed effective date, but not an effective time, at 12:0 the record is filed. | O1 a.m. on the earlier of |
| nted <u>OCTO</u> | BER 17 2017. | |
| | Signature of a member or authorized representative of a member | .4 7.3 |
| | Signature of a member or authorized representative of a member | 117 OC |
| | GLARIA B. MARTAN | , —; eac |
| _ | GLORIA B. NORTON Typed or printed name of signee | · · · · · · · · |
| | | |
| | Page 3 of 3 | . မှ ကို |
| | | № |

Filing Fee: \$25.00