

L05000003583

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

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MAY - 4 2011

EXAMINER



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05/02/11--01032--005 **25.00

FILED
11 MAY - 2 PM 2:06
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: OLD MOULTRIE, L.L.C.
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:

Melissa Myers

Name of Person

OLD MOULTRIE, L.L.C.

Firm/Company

10175 Fortune Parkway, Suite 1005

Address

Jacksonville, FL 32256

City/State and Zip Code

sildevco@bellsouth.net

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

For further information concerning this matter, please call:

Melissa Myers

Name of Person

at (**904**)

519-9545

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**

OLD MOULTRIE, L.L.C.

(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 01/05/05 and assigned
Florida document number L05000003583.

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)

FILED	11 MAY -2 PM 2:06	SECRETARY OF STATE	ALLAHASSEE, FLORIDA
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Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

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:

New Registered Office Address:

Enter Florida street address

_____, 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

MGR = Manager
MGRM = Managing Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
<u>PASD</u>	<u>Gary D. Silverfield</u>	<u>10175 Fortune Parkway, Suite 1005</u> <u>Jacksonville, FL 32256</u>	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
<u>VPAS</u>	<u>James A. Cranford</u>	<u>10175 Fortune Parkway, Suite 1005</u> <u>Jacksonville, FL 32256</u>	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
<u>VPS</u>	<u>Helen Breeding</u>	<u>10175 Fortune Parkway, Suite 1005</u> <u>Jacksonville, FL 32256</u>	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
<u>VPAST</u>	<u>Leed Silverfield</u>	<u>10175 Fortune Parkway, Suite 1005</u> <u>Jacksonville, FL 32256</u>	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
<u> </u>	<u> </u>	<u> </u>	<input type="checkbox"/> Add <input type="checkbox"/> Remove
<u> </u>	<u> </u>	<u> </u>	<input type="checkbox"/> Add <input type="checkbox"/> Remove

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

Dated

April 27, 2011.

Helen Brudine
Signature of a member or authorized representative

Signature of a member or authorized representative of a member

Helen Breedman

Typed or printed name of signee