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EXAMINER

COVER LETTER

TO: Registration of	on Section Corporations			
SUBJECT:	2502, LLC			
		ted Liability Company		
	•			
The enclosed Article	es of Amendment and fee(s) are sub-	mitted for filing.		
Please return all corr	respondence concerning this matter	to the following:		
	Melissa Jay Mu	rphy, Esq.		
		Name of Person		
	Salter, Feiber	, Murphy, Hutson & M	enet, P.A.	
	· · · · · · · · · · · · · · · · · · ·	Firm/Company		
	PO Box 357399			
		Address		Fo B
	Gainesville, F	T 27625 7300		2019 AUG 26 SECRETAR TALLAHASS
	Gainesville, r	L 32635-7399 City/State and Zip Code	<u> </u>	is 26 ETAR HASS
		,	•	1.44
	E-mail address: (t	o be used for future annual report notificat	ion)	
For further informat	ion concerning this matter, please or	all:		STATE TO TO
Susan Ful	lford	at (352) 416-0402		,
Na	ame of Person	Area Code & Daytime T	elephone Number	
Enclosed is a check	for the following amount:			
X \$25.00 Filing Fe	e \$30.00 Filing Fee & Certificate of Status	\$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	\$60.00 Filing F Certificate of Certified Cop (additional co	Status &
	AILING ADDRESS: egistration Section	STREET/COURIER Registration Section	R ADDRESS:	

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION **OF**

(Name of the Limited Liability	cty Company as it now appears on our records.)		
(A Florida	Limited Liability Company)		
The Articles of Organization for this Limited Liability	Company were filed on1-31-2005	and assigned	
Florida document number L05000009409	 ·		
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the lin	nited liability company here:		
The new name must be distinguishable and end with the would "L.L.C."	ords "Limited Liability Company," the designation	"LLC" or the abbreviation	
Enter new principal offices address, if applicable:			
(Principal office address MUST BE A STREET ADD	ORESS)	SF 2	
Enter new mailing address, if applicable:		<u> </u>	
(Mailing address MAY BE A POST OFFICE BOX)		<u> </u>	
B. If amending the registered agent and/or regi	istered office address on our records, ente	r the name of the new	
registered agent and/or the new registered office ad-		<u> </u>	
Name of New Registered Agent:			
New Registered Office Address:			
	Enter Florida street address		
	, Florida		
	City	Zip Code	
New Registered Agent's Signature, if changing Register	rea Apent:		

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 <u>Title</u> <u>Name</u> **Address** Type of Action MGR Doug R. Wilde PO Box 13421 ☐ Add Gainesville, FL 32604 Remove Change Title to MGRM Amend Title ☐ Add Remove ☐ Add ☐ Remove Add Remove ∭Add Remove D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) Dated August 17 Signature of a member or authorized representative of a member DOUG R. WILDE Typed or printed name of signee

Page 2 of 2

Filing Fee: \$25.00