

L05000027469

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

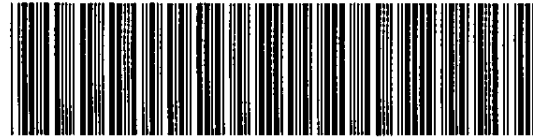
(Business Entity Name)

(Document Number)

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2012 OCT 15 AM 3:34
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

J. SAULSBERRY
EXAMINER

OCT 16 2012

COVER LETTER

TO: **Registration Section
Division of Corporations**

SUBJECT: Delta, 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:

Larry Matthews

Name of Person

Delta, LLC

Firm/Company

8173 Middle Fork Way

Address

Jacksonville, FL 32256

City/State and Zip Code

larrymatthews@demetreebrothers.com

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

For further information concerning this matter, please call:

Larry Matthews

Name of Person

at (904)

631-7578

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

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2012 OCT 15 AM 8:34

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

Delta, 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 March 18, 2005 and assigned Florida document number L05000027469.

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)

8173 Middle Fork Way

Jacksonville, FL 32256

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

8173 Middle Fork Way

Jacksonville, FL 32256

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2005 OCT 5 AM 8:34
SECRETARY 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:

Larry D. Matthews

New Registered Office Address:

8173 Middle Fork Way

Enter Florida street address

Jacksonville

City

, Florida

32256

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.

Larry D. Matthews
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:

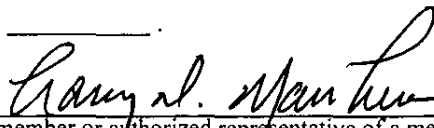
MGR = Manager

MGRM = Managing Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGRM	J.C.Demetree, Jr	1551 Atlantic Blvd. Suite 300 Jacksonville, FL 32207	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
MGRM	Larry D. Matthews	8173 Middle Fork Way Jacksonville, FL 32256	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove

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

Dated October 8, 2012



Signature of a member or authorized representative of a member

Larry D. Matthews

Typed or printed name of signer

Page 2 of 2

Filing Fee: \$25.00

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2012 OCT 15 AM 8:34

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Resolution

DELTA, LLC

Effective October 8, 2012, the undersigned Sole Member of Delta, LLC hereby does the following:

I hereby elect Larry D. Matthews as the Manager of Delta, LLC.

I hereby change the Principal Office and Mailing address to:

8173 Middle Fork Way
Jacksonville, Florida 32256

I hereby appoint and designate Larry D. Matthews as the Registered Agent.

IN WITNESS WHEREOF, the Member has executed this Resolution.


Larry D. Matthews, Member

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2012 OCT 15 AM 8 34
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TALLAHASSEE, FLORIDA