## L05000040799

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T. HAMPTON

## **COVER LETTER**

TO: Registration Se Division of Cor			
SUBJECT:	CREEK M	GK, LLC	
	Name of Limit	ed Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please return all correspo	ndence concerning this matter	to the following:	
	Som	FLATE	
		Name of Person	
	<i>C</i>	LEEK PAYER, LI	<u>,C</u>
	0.41	Firm/Company	
		LONGWOD INC	·
		Address	TO.
	<i>U</i>	ODDS TOCK, SA City/State and Zip Code	30/87
		FITE GWAIL, COM	
		o be used for future annual report notificati	on)
For further information co	oncerning this matter, please ca	all:	
JOH	FLATG	at (770) 817-024	
Name of	f Person	Area Code & Daytime Te	elephone Number
Enclosed is a check for th	e 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 ARTICLES OF ORGANIZATION

SECRETARY OF STATE DIVISION OF CORPORATIONS
12 MAN

·	OIVISION OF CORPORATIONS
CLEEL PARK, (Name of the Limited Liability Compa	LLC 10 1141 16 PH 12: 30
(A Florida Limited	any as it now appears on our records.) Liability Company)
The Articles of Organization for this Limited Liability Company Florida document number <u>LOSDOO 40799</u> .	y were filed on $\frac{4/21/05}{}$ and assigned
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited lia	bility company here:
The new name must be distinguishable and end with the words "Lin"L.L.C."	nited Liability Company," the designation "LLC" or the abbreviation
Enter new principal offices address, if applicable:	186 LOY6WOOD DIC
(Principal office address MUST BE A STREET ADDRESS)	LUDODSTOCK, GA 30189
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	1086 LONGWOOD PR 1000STOCK, 64-30189
B. If amending the registered agent and/or registered or registered agent and/or the new registered office address he	
Name of New Registered Agent:	
New Registered Office Address:	Enter Florida street address
	, Florida

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, enter the title, name, and address of each Manager or Managing Member being added or removed from our records:

MGR = Manager

MGRM = Managing Member **Title** Name Address MGRM JONATHAN J. FLAIG 1086 LONGWOOD DK WOODSTOLK, GA 30/89 Remove MGH ATANONEAL 10/A BUS FALTS CONTRE IR Add MGRI JULIE L LAWSON 4039 E Co. Hay 30 A SAGNOVE BCH, Pl. 42 JUSTNESS CENTRE DR MGRP WILLIAM SMATH 1300 GRAYSOM PKWY IMMES WILLIAMS

nénaing	any other information, enter change(s) here: (Attach additional sheets, if necessary
. ——	
	5/9/13 A 20/3.
	<del></del>
<del></del>	Signature of a member or authorized representative of a member
	-TRAY FLAST
	Typed or printed name of signee
	Page 3 of 3

Filing Fee: \$25.00

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