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08/26/13--01009--005 **25.00



COVER LETTER

TO:

Registration Section
Division of Corporations

LONG AND MOORE LAND COMPANY, LLC

SUBJECT

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:

JERRY F. LONG

Name of Person

LONG AND MOORE LAND COMPANY, LLC

Firm/Company

2665 SOLO DOS FAMILIAF

Address

PENSACOLA, FL 32534

City/State and Zip Code

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

For further information concerning this matter, please call:

CHRIS CUNNINGHAM

850, 434-5574

Name of Person

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

LONG AND MOORE LAND COMPANY, 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 file	24 OH and ass	igned	
Florida document number <u>L05000047454</u>			
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited liability com	pany here:	a Per	
J. LONG LAND COMPANY, LLC	ວັ		
The new name must be distinguishable and end with the words "Limited Liabil "L.L.C."	ity Company," the designation "LLC" or the	brev@im	
Enter new principal offices address, if applicable:	·-		
(Principal office address MUST BE A STREET ADDRESS)	4. 6	STATE	
Enter new mailing address, if applicable:			
(Mailing address MAY BE A POST OFFICE BOX)			
B. If amending the registered agent and/or registered office addregistered agent and/or the new registered office address here:	ress on our records, enter the name o	f the new	
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

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	
			Add	
	•		Remove	
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Page 3 of 3

Filing Fee: \$25.00

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA