L 65 6 6 6 6 7 5 1 9 3

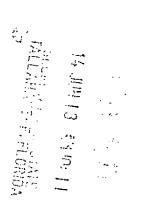
(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Coomico 2 ,
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:

Office Use Only



100260737251

06/13/14--01015--023 **25.00



J. Shivers JUN 16 700

COVER LETTER

TO:	Registration Section
	Division of Corporations

Surgery County Line Road Property 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:

Peggy Schroeder

Name of Person

County Line Road Property LLC

Firm/Company

15488 N. Nebraska Avenue

Address

Lutz, FL 33549

City/State and Zip Code

peggy@thefechtelcompany.com

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

For further information concerning this matter, please call:

Peggy Schroeder

..813, 264-7778

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

County Line Hoad Proper	•			
(Name of the Limit	ted Liability Compa (A Florida Limited)	ny as it now appears on our recor Liability Company)	<u>(ds.</u>)	
The Articles of Organization for this Limited L Florida document number L05000075192				
This amendment is submitted to amend the foll	owing:			
A. If amending name, enter the new name o	f the limited liab	ility company here:		
The new name must be distinguishable and end with the	words "Limited Liab	oility Company," the designation "L	LC" or the abbreviation "L.L.C."	
Enter new principal offices address, if applicable:		15488 N. Nebraska A	venue	
Principal office address MUST BE A STREE	ET ADDRESS)	Lutz, FL 33549		
Enter new mailing address, if applicable:		15488 N. Nebraska A Lutz, FL 33549	venue	
(Mailing address MAY BE A POST OFFICE	<u>BOX)</u>	Luiz, 1 L 30349		
B. If amending the registered agent and registered agent and/or the new registered o	or registered of	ffice address on our record <u>e</u> :	ds, enter the name of the ne	
Name of New Registered Agent:				
New Registered Office Address:	15488 N. N	lebraska Avenue		
	Lutz	Enter Florida street addre	lorida <u>33549</u>	
		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 605, 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 Authorized Member on our records, enter the title, name, and address of each Manager or Authorized Member being added or removed from our records:

MGR = M AMBR = A	anager uthorized Member		
<u>Title</u>	<u>Name</u>	Address T	ype of Action
MGRM	Terri H. Fechtel	15488 N. Nebraska Avenue	□ Add
		Lutz, FL 33549	■ Remove
AMBR	Terri H. Fechtel	15488 N. Nebraska Avenue	■ Add
		Lutz, FL 33549	□ Remove
MGR	Vincent J. Fechtel III	15488 N. Nebraska Avenue	□ Add
		Lutz, FL 33549	□ Remove
		(current MGR, new address)	
] Add
			Remove
			Tage of the second seco
		7	5 J-Remove
			Add
			Remove

'D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) Article V
The Company is a manager-managed company.
Vincent J. Fechtel III, 531 E. County Line Rd, Lutz, FL 33549,
is the initial manager.
E. Effective date, if other than the date of filing:(optional) (The effective date must be specific, cannot be prior to date of receipt or filed date and cannot be more than 90 days after the date this document is filed by the Florida Department of State)
Dated JUNE 9 20H.
Significate of a member or authorized representative of a member
Vincent J. Fechtel III Typed or printed name of signce

Page 3 of 3

Filing Fee: \$25.00