

L05000092561

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP     WAIT     MAIL

(Business Entity Name)

L05 - 92561

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

10/12

amend

Office Use Only



800060461248

10/12/05--01021--005 \*\*25.00

FILED  
05 OCT 12 PM 2:57  
TALLAHASSEE FLORIDA

**COVER LETTER**

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** THOMAS BAUMAN 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:

GEORGE SOLOGUREN  
(Name of Person)

GEORGE SOLOGUREN CPA  
(Firm/Company)

3501 NE 10TH ST  
(Address)

OCALA, FL 34470  
(City/State and Zip Code)

For further information concerning this matter, please call:

GEORGE SOLOGUREN at ( 352 ) 690-6869  
(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

THOMAS BAUMAN LLC

(Present Name)  
(A Florida Limited Liability Company)

**FIRST:** The Articles of Organization were filed on 09/20/2005 and assigned document number L05000092561.

**SECOND:** This amendment is submitted to amend the following:

ARTICLE II - STREET ADDRESS 23605 NE 117TH CT RD ORANGE SPRINGS, FL 32182

ARTICLE II - MAILING ADDRESS PO BOX 261 ORANGE SPRINGS FL 32182

ARTICLE V - ADDRESS OF MANAGING MEMBER  
23605 NE 117 CT RD ORANGE SPRINGS FL 32134

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Dated \_\_\_\_\_

\_\_\_\_\_  
Signature of a member or authorized representative of a member

THOMAS BAUMAN

Typed or printed name of signee

SECRETARY OF STATE  
TALLAHASSEE FLORIDA

05 OCT 12 PM 2:58

FILED