

L05000096/49

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

OCT 21 2013

A. LUNT

Office Use Only



300252528073

10/15/13--01017--001 **30.00

FILED
2013 OCT 15 PM 1:49
CLERK OF SUPERIOR COURT
JULIA S. FLORES

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: TALEGA OFFICE 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:

JOHN L. HICKMAN, JR.
Name of Person

Firm/Company

2866 CAMPO RASO
Address

SAN CLEMENTE, CA 92673
City/State and Zip Code

jhickman@hickmangroup.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

JOHN L. HICKMAN JR.
Name of Person

at (949) 361-9161
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

TALEGA OFFICE PROPERTY, 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 9-29-05 and assigned
Florida document number L05000096149

FILED
2013 OCT 15 PM 1:15
CLERK OF CIRCUIT COURT
JACKSONVILLE, FLORIDA

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

N/A

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)

2866 CAMPO RASO

SAN CLEMENTE CA 92673

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

1001 AVENIDA PICO, SUITE C

SAN CLEMENTE, CA 92673

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:

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

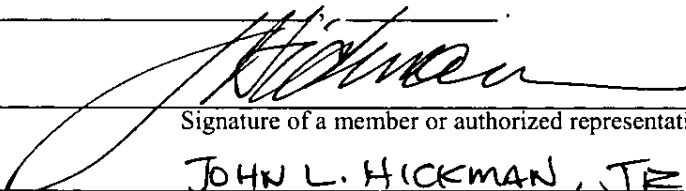
MGRM = Managing Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGRM	HICKMAN FAMILY TRUST	1107 PENINSULAR DR.	<input type="checkbox"/> Add
		HAINES CITY, FL 33844	<input checked="" type="checkbox"/> Remove
MGRM	JOHN L. HICKMAN AND MARGARET P. HICKMAN, TRUSTEES OF THE HICKMAN FAMILY TRUST		<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

REC-2012 OCT 19 PM 1:49
FILED

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

Dated _____



Signature of a member or authorized representative of a member
JOHN L. HICKMAN, JR.

Typed or printed name of signee

Page 3 of 3

Filing Fee: \$25.00

FILED
2013 OCT 15 PM 4:49
CLERK OF COURT
ALABAMA