105000108996

| (Re | equestor's Name) | _ |
|-------------------------|--------------------|-------------|
| (Ac | ldress) | |
| (Ac | ldress) | |
| (Ci | ty/State/Zip/Phone | e #) |
| PICK-UP | WAIT | MAIL |
| (Bu | usiness Entity Nar | me) |
| (Do | ocument Number) | |
| Certified Copies | _ Certificates | s of Status |
| Special Instructions to | Filing Officer: | |
| | | |
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| | | |

Office Use Only



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05/29/12--01029--008 **25.00

T. CLINE
MAY 3 0 2012
EXAMINER

SEGRETARY OF STATE
TAPLAHASSEE, FLORING

COVER LETTER

| | _ | O TELLEDITIES | |
|---------------------|--|---|--|
| | stration Section sion of Corporations | | • |
| SUBJECT: | 965 Dev | elopment LLC | |
| | Name of Limite | ed Liability Company | |
| The enclosed | Articles of Amendment and fee(s) are subn | nitted for filing. | |
| Please return | all correspondence concerning this matter t | o the following: | |
| | | Lincoln E. Crone II | |
| | | Name of Person | |
| 965 Development LLC | | | |
| | Firm/Company | | |
| | 54 | 40 1st Avenue North | |
| | ₽ 161 ★ | Address | |
| | St. F | Petersburg, FL 33710 | |
| | | City/State and Zip Code | |
| | | NE@alliance-realtor.com | |
| | | be used for future annual report no | otification) |
| For further in | formation concerning this matter, please ca | 11: | |
| | Lincoln E. Crone II | at (_727_) | 578-2626 |
| | Name of Person | Area Code & Day | time Telephone Number |
| Enclosed is a | check for the following amount: | | |
| \$25.00 Fil | ing Fee \$30.00 Filing Fee & Certificate of Status | \$55.00 Filing Fee & Certified Copy (additional copy is enclosed) | sed) S60.00 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/COU Registration Sec Division of Corp Clifton Building 2661 Executive Tallahassee, FL | RIER ADDRESS: Stion porations Center Circle |

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

| 965 Develop | ment LLC | | |
|---|----------------------|----------------------------|-----------------------------|
| (<u>Name of the Limited Liability Company</u> (A Florida Limited Lia | as it now appears (| on our records.) | |
| (Trional Billings Bil | omy company) | | |
| The Articles of Organization for this Limited Liability Company v | vere filed on | 11/10/05 | and assigned |
| Florida document numberL05000108996 | | | |
| | | | |
| This amendment is submitted to amend the following: | | | |
| A. If amonding name enter the new name of the limited liabil | itu aamnanu hara. | | |
| A. If amending name, enter the new name of the limited liabil | ny company nere: | | |
| The new name must be distinguishable and end with the words "Limite "L.L.C." | d Liability Company | ," the designation "L | LC" or the abbreviation |
| Enter new principal offices address, if applicable: | | | |
| (Principal office address MUST BE A STREET ADDRESS) | | | |
| | | | |
| | | | |
| Enter new mailing address, if applicable: | | | |
| (Mailing address MAY BE A POST OFFICE BOX) | | | |
| * *** | | | |
| | | | |
| B. If amending the registered agent and/or registered offi | | r records, <u>enter tl</u> | e name of the new |
| registered agent and/or the new registered office address here | | | |
| | | | |
| Name of New Registered Agent: | | | |
| New Registered Office Address: | | | <u> </u> |
| | Enter | r Florida street addr | |
| | | , Florida 🧸 | 250 250 250 |
| | City | | Tap Code |
| New Registered Agent's Signature, if changing Registered Agent: | | လွ | A No |
| | | Ĺ | 9 - 9 |
| I hereby accept the appointment as registered agent and agree | e to act in this cap | acity. I further agr | ee to comply with |
| the provisions of all statutes relative to the proper and comple accept the obligations of my position as registered agent as pr | ete performance of | my auties, and 13g | m jam ıy ar wiin ana |
| being filed to merely reflect a change in the registered office of | | | |
| 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

| <u>Title</u> | <u>Name</u> | Address | Type of Action | | | |
|---------------------------------|--|---|---|--|--|--|
| mgrm | Alliance REal Estate Services | 5440 1st Avenue North St. Petersburg, FL 33710 | Add Remove | | | |
| mgrm | Lincoln E. Crone II | 5440 1st Avenue North St. Petersburg, FL 33710 | ✓ Add ☐ Remove | | | |
| | | | Add Remove | | | |
| | | | Add Remove | | | |
| | | | Add Remove | | | |
| | | | Add Remove | | | |
| D. If amendi | ng any other information, enter change | (s) here: (Attach additional sheets, if necessary.) | 2012 MAY 29 M SECRETARY OF TACL AHASSEE, F. | | | |
| | May 24, 201 | | 3: 45 | | | |
| Dated | fechie | or authorized representative of a member | | | | |
| | | coln E. Crone II | | | | |
| Typed or printed name of signed | | | | | | |

Page 2 of 2

Filing Fee: \$25.00