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C. LEWIS

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EXAMINER

COVER LETTER

ΓO: Registration S Division of Co		• • • • • • • • • • • • • • • • • • •	
SUBJECT:	Florida Prope	erties of Marion, LLC	
SOBJECT.		ted Liability Company	
The enclosed Articles o	of Amendment and fee(s) are sub	omitted for filing.	
Please return all corresp	oondence concerning this matter	to the following:	
		Steve C. Tieche	
		Name of Person	
		Firm/Company	
		530 SE 15 Terrace	
		Address	
	•	Ocala FL 34471	
		City/State and Zip Code	
•	E-mail address: (t	che@embarqmail.com to be used for future annual report no	tification)
For further information	concerning this matter, please c	all:	
	eve C. Tieche	at (_239_)	872-3693
Name	of Person	Area Code & Dayt	ime 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 enclos	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/COURIER ADDRESS:

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

FILED

2011 APR 12 PM 18 18

Flo	rida Property	y Limited, LLC	SE) TALI	CHETARY OF STATE. AHASSEE: FUORIDA	
(Name of the Limited	Liability Compa Florida Limited L	ny as it now appears (liability Company)	on our records.)		
The Articles of Organization for this Limited L Florida document number	•	were filed on	2/9/2006	and assigned	
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:			
Flor	ida Properties	of Marion, LLC			
The new name must be distinguishable and end wi "L.L.C."	th the words "Limi	ted Liability Company	," the designation "L	LC" or the abbreviation	
Enter new principal offices address, if applicable:		530 SE 15 Terr	ace		
(Principal office address MUST BE A STREET ADDRESS)		Ocala FL 34471			
					
Enter new mailing address, if applicable:		530 SE 15 Terrace			
(Mailing address MAY BE A POST OFFICE BOX)		Ocala FL 34471			
•					
B. If amending the registered agent and/ registered agent and/or the new registered o	•		r records, <u>enter t</u>	he name of the new	
Name of New Registered Agent:	Steve C. Tieche				
New Registered Office Address:	530 SE 15	Геггасе			
		Enter	Florida street add	ress	
		Ocala	, Florida	34471	
	 	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> **Name Address Type of Action** MGRM Steve C. Tieche 530 SE 15 Terrace ✓ Add Ocala FL 34471 Remove Remove Add ☐ Remove Add Remove □Add Remove \prod Add Remove D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) April 6 2011 Dated Signature of a member or authorized representative of a member Steve C. Tieche

Page 2 of 2

Typed or printed name of signee

Filing Fee: \$25.00