

L060000018819

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

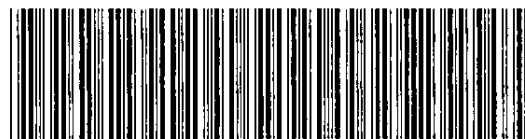
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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B. KOHR
DEC 23 2009
EXAMINER

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
09 DEC 23 PM 1:50

DEPARTMENT OF STATE
ACCOUNT FILING COVER SHEET

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
09 DEC 23 PM 1:50

Account Number FCA000000017

Date:

12/23/09

Requestor Name: Carlton Fields

Address: Post Office Box 190
Tallahassee, Florida 32302

Telephone: (850) 513-3619 (direct)
(850) 224-1585

Contact Name: Kim Pullen, CP, FRP

Corporation Name:

Fleming Island Commerce, LLC

Entity Number (if applicable):

LOG000018819
Kim Pullen

Authorization:

☒ Amd.
Certified Copy

☒ Certificate of Status

☐ New Filings

☐ Plain Stamped Copy

☐ Annual Report

☐ Fictitious Name

☒ Amendments

☐ Registration

(☒) Call When Ready

(☒) Call if Problem

() After 4:30

(☒) Walk In

() Will Wait

(☒) Pick Up

() Mail Out

CF Internal Use Only

Client: 23271 Matter: 81317

Name: N. Linnan Office: TLH

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DIVISION OF CORPORATIONS
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ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF

Fleming Island Commerce, 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 February 16, 2006 and assigned
Florida document number LO6000018819

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:

N/A

(Principal office address MUST BE A STREET ADDRESS)

Enter new mailing address, if applicable:

N/A

(Mailing address MAY BE A POST OFFICE BOX)

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:

William J. Deas

New Registered Office Address:

2215 River Blvd.

Enter Florida street address

Name of Old Reg. Agent: John R. Schultz

Jacksonville

Florida

32204

118 W. Adams St., #600

City

Zip Code

Jacksonville, FL 32202

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

William J. Deas
Page 1 of 2

C. 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

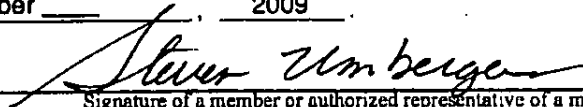
MGRM = Managing Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGR	John R. Schultz	118 W. Adams Street, Ste. 600 Jacksonville, FL 32202	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
MGR	Steven Umberger	118 W. Adams Street, Ste. 600 Jacksonville, FL 32202	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
MGR	Kathryn Umberger	6724 Epping Forest Way North Jacksonville, FL 32217	<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

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

N/A

Dated December, 2009



Signature of a member or authorized representative of a member

Steven Umberger, As Sole Member

Typed or printed name of signee