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SECRETARY OF STALE
TABLIAHASSEE, FLORIDA

B. BOSTICK NOV 2 7 2012 EXAMINER

## **COVER LETTER**

Division of Corporations
SUBJECT: Little Creek Farm 5 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:
Sara Gelt2 Name of Person
Little Creek Forms LLC Firm/Company
17283 Davenport rd.
Winter Garden Florida 34787  City/State and Zip Code  Geltzs@aol.com  E-mail address: (to be used for future annual report notification)
geltzs@aol.com
For further information concerning this matter, please call:
Ted Geltz au407, 656-3310
For further information concerning this matter, please call:  Ted Gelt2  Name of Person  Ted Code & Daytime Telephone Number  Area Code & Daytime Telephone Number
Enclosed is a check for the following amount:
\$25.00 Filing Fee Certificate of Status  Certificate of Status  Certificate of Status  Certified Copy (additional copy is enclosed)  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
Check Payable to: Florida Department of State

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Little C	reek Fa	rms L	-LC			
(Name of the Limited ) (A	Liability Company as Florida Limited Liabil	it now appears ity Company)	on our records.			
The Articles of Organization for this Limited Lia Florida document number <u>LO6000</u>		e filed on	6/26/200	<u>b</u> and as	signec	i
This amendment is submitted to amend the follo	wing:					
A. If amending name, enter the new name of	the limited liability	company here	<b>;</b>			
The new name must be distinguishable and end with "L.L.C."		iability Compan	y," the designation	"LLC" or the	abbrev	viation
Enter new principal offices address, if applica	<del></del>	· · · · · · · · · · · · · · · · · · ·				—
(Principal office address MUST BE A STREET	<u> ADDRESS)</u>				స	<del></del>
Enter new mailing address, if applicable:				RETARY	NOV 26	
(Mailing address MAY BE A POST OFFICE L				PH	THE STATE OF THE S	
B. If amending the registered agent and/o registered agent and/or the new registered off		address on o	ur records, <u>enter</u>	the hame	f. 2 of the	e nev
Name of New Registered Agent:	Sac	a be	nport rd. er Florida street ac			
New Registered Office Address:	17283	3 Dave	nport rd.			
	Winter	Ente Garde	er Florida street ac	1dress 3478	7	
	C	ity		Zip Cod	le	

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 Title Name <u>Address</u> **Type of Action** Ted Geltz 17283 Davenport rd. Add Winter Garden, Fl. 34787 MGRM Tad Geltz 12130 Firemans Land dr. Add Clermont, Fl. 34711 MGRM Adam Geltz 17283 Davenport. rd. Idd Winter Gorden Fl. 34787. Demove Mitchell Geltz mGRM 17283 Daven put Red Xlad Winder Gach, F-134787 Remove

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· · · · · · · · · · · · · · · · · · ·	
Dated November 14th, 2012.	
Take H. LESTIN MG	RM
Signature of a member of authorized representative of a member	
Theodore Hess Geltz III MG	RM
Typed or printed name of signee	• •

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Filing Fee: \$25.00