LD6000097782

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SECURIOR OF COST GRANDAG

C. LEWIS
FEB 2 7 2013
EXAMINER

COVER LETTER

TO: Registration Sec Division of Corp		Mark Mark Market Company	en spe
SUBJECT: FEDERAT	FION LLC		
. ••	Name of Limit	ed Liability Company	
The enclosed Articles of A	Amendment and fee(s) are sub-	mitted for filing.	
Please return all correspor	idence concerning this matter	to the following:	
	DAVE B. HOWELL		
		Name of Person	
	FEDERATION, LLC		
		Firm/Company	
	6800 AMBASSADOR	DRIVE	
	OOO AMBAGGADON	Address	
	ODLANDO EL 00040	<u>, </u>	
	ORLANDO, FL 32818	City/State and Zip Code	
	davehowellmail@gma	•	
		be used for future annual report notification	ion)
For further information co	ncerning this matter, please ca	all:	
DAVE B HOWELL		_{at (} 407 ₎ 902-7154	
Name of	Person	Area Code & Daytime Te	elephone Number
Enclosed is a check for the	e 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)

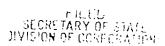
MAILING ADDRESS:

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



FEDERATION, LLC

2019 FEB 26 AM 11: 46

(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 Con Florida document number L06000097782	mpany were filed on]	0/26/2006 and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limite	ed liability company	<u>here</u> :
The new name must be distinguishable and end with the words "L.L.C."	"Limited Liability Co	mpany," the designation "LLC" or the abbreviation
Enter new principal offices address, if applicable:	6910 SILV	ERSTAR ROAD
(Principal office address MUST BE A STREET ADDRE	SS) ORLANDO), FL 32818
_		ACCADOD DD
Enter new mailing address, if applicable:		ASSADOR DR
(Mailing address MAY BE A POST OFFICE BOX)	ORLANDO), FL 32818
B. If amending the registered agent and/or register registered agent and/or the new registered office addre		on our records, enter the name of the new
Name of New Registered Agent: DAVE	B HOWELL	
New Registered Office Address: 6800 A	MBASSADOR D	ৰ
		Enter Florida street address
ORLAI	NDO	, Florida 32818
	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, <u>enter the title, name, and address of each Manager or Managing Member being added or removed from our records</u>:

MGR = Mana MGRM = Mai	ger naging Member		FILE SECRETARY DIVISION OF CO	ED OF STATE PROPAGIONS	
Title	Name	Address	2013 FEB 26	AM 11: 46	Type of Action
MGRM	JEANNET ST. CLAIR	6404 MER	RIEWOOD D	R	Add
		ORLANDO	D, FL 32818		Remove
MGRM	DAVE B HOWELL	6800 AMB	ASSADOR D	RIVÉ	🖊 Add
		ORLANDO), FL 32818		Remove
					Add Remove
					Remove Add Remove
					Add Remove
					

DIVISION OF CORE CE
2013 FEB 26 AMI
of a member

Filing Fee: \$25.00