LUL 0000 98401

(Requestor's Name)		
(Address)		
(Address)		
(City/State/Zip/Phone #)		
PICK-UP	☐ WAIT	MAIL
(Business Entity Name)		
(Document Number)		
Certified Copies	_ Certificates	of Status
Special Instructions to Filing Officer:		

Office Use Only



600081001786

11/14/06--01032--008 **25.00

2006 NOV 14 PM 12: 51
SECRETARY OF STATE
AND AHASSEE, FLORIDA

104-98401 Al

Three Friends LLC

LAWRENCE J. WURN, Registered Agent

6840 NE 225th St. Melrose, FL 32666 Phone (352) 475-1267 Fax (352) 475-5019

November 1, 2006

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

SUBJECT: Three Friends LLC

The enclosed Articles of Amendment and Restatement of the Articles of Organization and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

Lawrence J. Wurn Three Friends LLC 6840 NE 225th Street Melrose, FL 32666

For further information concerning this matter, please call Lawrence J. Wurn at 352-475-1267.

Enclosed is a check in the amount of \$25.00 to cover the filing fee.

Lawrence J. Wurn

Sincerely,

Registered Agent and Managing Member

LJW/dl Enclosures

AMENDED AND RESTATED ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I Name

The name of the Limited Liability Company is Three Friends LLC.

ARTICLE II Address

The mailing address and street address of the principal office of the Limited Liability Company is:

Principal Office Address:

Mailing Address:

6840 NE 225th Street Melrose, FL 32666 6840 NE 225th Street Melrose, FL 32666

ARTICLE III Registered Agent, Registered Office, & Registered Agent's Signature

The name and the Florida street address of the registered agent are:

Lawrence J. Wurn 6840 NE 225th Street Melrose, FL 32666

Having been named as registered agent and to accept service of process for the above stated limited liability company at the place designated in this certificate; 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 relating 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.

Lawrence J. Wurn, Registered Agent

ARTICLE IV Manager(s) or Managing Member(s)

The name and address of each Manager or Managing Member is as follows:

Title:

Name and Address:

Managing Member

Larry Cheshire

4609-B3 NW 6th Street

Gainesville, FL 32609-4123

Managing Member

Alexander Reece 6921 NW 22nd Street

Gainesville, FL 32653-1231

Managing Member

Lawrence J. Wurn 6840 NE 225th Street

Melrose, FL 32666

REQUIRED SIGNATURE:

Signature of a member or authorized representative of a member

(In accordance with section 608.408(3), Florida Statutes, the execution of this document constitutes an affirmation under the penalties of perjury that the facts stated herein are true.)

Lawrence J. Wurn

Filing Fees:

\$ 25.00 Filing Fee for Amended and Restated Articles of Organization