# #406000098464

(Re	questor's Name)	
(Ad	dress)	
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(Cit	ry/State/Zip/Phone	· • #)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Nan	ne)
(Do	cument Number)	
Certified Copies	_ Certificates	of Status
Special Instructions to	Filing Officer:	





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K.SALY EXAMINER MAY 1 % 2014

### **COVER LETTER**

TO: Registration Section
Division of Corporations

HAPPY TRAILS 114 LLC

SUBJECT:

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:

PLEASE EMAIL FF POSSIBLE

# **GLENN BACKES**

Name of Person

Firm/Company

9924 UNIVERSAL BLVD. SUITE 244

Address

ORLANDO, FLORIDA 32819

City/State and Zip Code

GJBACKES@AOL.COM

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

GLENN BACKES

\_,321 <u>663-7846</u>

Name of Person

Area Code

Daytime 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 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

2014 MAY -5 PM 4: 03

SECRETARY OF STATE
ALLAHASSEE. FLORIDA

## HAPPY TRAILS 114 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 10/09/2006 and assigned
Florida document number L06000098464	
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liab	ility company here:
The new name must be distinguishable and end with the words "Limited Liab	ility Company," the designation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	9924 UNIVERSAL BLVD.
(Principal office address MUST BE A STREET ADDRESS)	STE. 244
	ORLANDO, FLORIDA 32819
Enter new mailing address, if applicable:	9924 UNIVERSAL BLVD.
(Mailing address MAY BE A POST OFFICE BOX)	STE. 244
	ORLANDO, FLORIDA 32819
B. If amending the registered agent and/or registered of registered agent and/or the new registered office address here	ffice address on our records, <u>enter the name of the new</u> <u>e</u> :
Name of New Registered Agent:	· · · · · · · · · · · · · · · · · · ·
New Registered Office Address:	Enter Florida street address
	, Florida 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 605, 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 Authorized Member on our records, enter the title, name, and address of each Manager or Authorized Member being added or removed from our records:

AMBR = A <u>Title</u>	Name	<u>Address</u>	Type of Action
AMBR	NATHAN J. BACKES	216 W. CENTRAL ST.	
		RAYMOND, IA 50667	■ Remove
<del></del>			Add
			□ Remove
			Add
			□ Remove
			Remove
			Remove
			□ Add
			🗖 Remove

). If an	nending any other information, enter change(s) here: (Attach additional sheets, if necessary.)
•	CHANGE ADDRESS FOR GLENN J. BACKES MGR TO:
	9924 UNIVERSAL BLVD. STE 244
	ORLANDO, FLORIDA 32819
T Effor	tive date if other than the date of filings (ontional)
(The et	ctive date, if other than the date of filing:
(The et	ffective date must be specific, cannot be prior to date of receipt or filed date and cannot be more than 90 days after ate this document is filed by the Florida Department of State)
(The et	ffective date must be specific, cannot be prior to date of receipt or filed date and cannot be more than 90 days after ate this document is filed by the Florida Department of State)
(The et	ffective date must be specific, cannot be prior to date of receipt or filed date and cannot be more than 90 days after ate this document is filed by the Florida Department of State)
(The et	ffective date must be specific, cannot be prior to date of receipt or filed date and cannot be more than 90 days after ate this document is filed by the Florida Department of State)  d

Page 3 of 3

Filing Fee: \$25.00