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DIVISION OF CORPORATIONS

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## **COVER LETTER**

TO:

**Registration Section** 

P.O. Box 6327

Tallahassee, FL 32314

Div	ision of Cor	porations		
SUBJECT:	PLATTS &	CALLUM, LLC		
Subject.		Name of Lin	ited Liability Company	
The enclosed	d Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please return	all correspo	ndence concerning this matter	to the following:	
		RONALD N. PLATTS		
			Name of Person	
		PLATTS & CALLUM, LI	LC	
			Firm/Company	<del></del>
		2150 DOBBS ROAD		
			Address	
		ST. AUGUSTINE, FL 320	086	
	City/State and Zip Code			
		ron@gatordooreast.com E-mail address: (	to be used for future annual report not	ification)
For further in	nformation co	oncerning this matter, please ca	all:	
RONALD N	I. PLATTS		904 824-2827 at ()	
	Name of	Person	Area Code Daytin	ne Telephone Number
Enclosed is a	a check for th	e following amount:		
□ \$25.00 F	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)
	Registr	NG ADDRESS: ation Section n of Corporations	STREET/COUR Registration Section Division of Corpo	on

Clifton Building

2661 Executive Center Circle Tallahassee, FL 32301

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

PLATTS & CALLUM, 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 October 18, 2006 and assigned Florida document number L06000101710

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "LLC". Senter new principal offices address, if applicable:

(Principal office address MUST BE A STREET ADDRESS)

Enter new mailing address, if applicable:

(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:		
New Registered Office Address:	Enter Florida street addi	rvss
	, I	Florida Zin 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 Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added or removed from our records:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
MGRM	TIMOTHY L. CALLUM	2150 DOBBS ROAD	□ Add
		ST, AUGUSTINE, FL 32086	■ Remove
			□ Change
MGRM	COLETTE B. PLATTS	2150 DOBBS ROAD	■ Add
		ST. AUGUSTINE, FL 32086	☐ Remove
			☐ Change
			□ Add
			□ Remove
			Change  Change
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ecord specifies a de e 90th day after th	elayed effectiv ne record is file	ve date, but no ed.	t an effective tin	ne, at 12:01 a.n	n. on the earlier
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Filing Fee: \$25.00