

L06000-109971

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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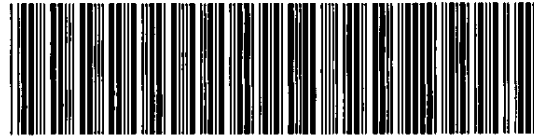
(Business Entity Name)

(Document Number)

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N. Ouffen OCT -3 2013

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: REMINGTON GREEN OF TALLAHASSEE, 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:

ANN BLACK

Name of Person

SMITH, THOMPSON, SHAW, ET AL.

Firm/Company

3520 THOMASVILLE ROAD, 4th FLOOR

Address

TALLAHASSEE, FLORIDA 32309

City/State and Zip Code

charlieopeters@yahoo.com

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

For further information concerning this matter, please call:

ANN BLACK

Name of Person

at (850) 893-4105

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

FILED
2013 OCT -1 AM 10:11
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

REMINGTON GREEN OF TALLAHASSEE, 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 NOVEMBER 13, 2006 and assigned
Florida document number L06000109971.

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 end with the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."

Enter new principal offices address, if applicable:

(Principal office address MUST BE A STREET ADDRESS)

2792 MILLSTONE PLANTATION ROAD

TALLAHASSEE, FLORIDA 32312

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

SAME

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:

WAYNE R. JOHNSON

New Registered Office Address:

2792 MILLSTONE PLANTATION ROAD

Enter Florida street address

TALLAHASSEE

City

, Florida 32312

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, enter the title, name, and address of each Manager or Managing Member being added or removed from our records:

MGR = Manager
MGRM = Managing Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGRM	WAYNE R. JOHNSON	2792 MILLSTONE ROAD	<input checked="" type="checkbox"/> Add
		TALLAHASSEE, FL 32312	<input type="checkbox"/> Remove
MGR	CHARLIE O. PETERS	9167 SHOAL CREEK DRIVE	<input type="checkbox"/> Add
		TALLAHASSEE, FL 32312	<input checked="" type="checkbox"/> Remove
MGRM	ALLIANCE CAPITAL RE LLC	P.O. BOX 14274	<input type="checkbox"/> Add
		TALLAHASSEE, FL 32317	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove

D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

Dated OCTOBER 2, 2013.

Charlie O. Peters

Signature of a member or authorized representative of a member

CHARLIE O. PETERS

Typed or printed name of signee

Page 3 of 3

Filing Fee: \$25.00

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