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J. BRYAN

APR 18 2008

EXAMINER

COVER LETTER

Division of Co		
SUBJECT:	beth Patriers of Florida LLC (Name of Limited Liability Company)	
	(Name of Limited Liability Company)	
The enclosed Articles of	of Amendment and fee(s) are submitted for filing.	
Please return all corres	spondence concerning this matter to the following:	
	Jennife Britt (Name of Person)	
	Liberty Partners of Florida, LLC (Firm/Company)	•
	P.O. Box 390	9
	P.O. Box 390 (Address) Tallahassee, fr. 32302 (City/State and Zip Code)	OB APR 17 PM 1: 28
	(City/State and Zip Code)	T CRO
For further information	n concerning this matter, please call:	F CORPORATIONS
Jenn	ife Britt at (850) 224-6789 (Area Code & Daytime Telephone Number)	3 8
(Nam	ne of Person) (Area Code & Daytime Telephone Number)	_
Enclosed is a check for	or the following amount:	
\$25.00 Filing Fee	\$30.00 Filing Fee & \$55.00 Filing Fee & \$60.00 Filing Fee Certificate of Status Certified Copy (additional copy is enclosed) Certified Copy (additional copy	tatus &
Regis Divis P.O.	ILING ADDRESS: istration Section ision of Corporations Box 6327 ahassee, 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



Liberty Partners of Florida, 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 Liabil	lity Company were filed on	12-18-06	and assigned	
Florida document number L06060119767	· · · · —		and assigned	
This amendment is submitted to amend the following	ng:			
A. If amending name, enter the new name of the	e limited liability company ho	ere:		
The new name must be distinguishable and end with th "L.L.C."	e words "Limited Liability Com	pany," the designation "LL	.C" or the abbreviation	
B. If amending the registered agent and/or a	ragistarad office address on	our records anter th	o name of the new	
registered agent and/or the new registered office		our records, enter the	e name of the new	
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	stered Agent:			
I hereby accept the appointment as registered as	gent and agree to act in this	capacity. I further agre	e to comply with	

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 Title Name Address **Type of Action** MGRM JAMES EATON 3682 BOBBIN BROOK CIR. Remove TALLAHASSEE, FL 32312 MGRM SEN CONNIE MACK P.O. BOK 3729 Add ☐ Remove PLACIDA, FL 33946 Add Remove Add Remove Remove Add Remove D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) 2008 Dated Signature of a member or authorized representative of a member Andrew Woods
Typed or printed name of signee

Page 2 of 2

Filing Fee: \$25.00