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SECKETARY OF STATE TALLAHASSEE, FLORID!

8 JUN 23 PM 1: (

COVER LETTER

Division of Co	rporations					
SURJECT: Jack A	tchley Properties LL	С				
		ited Liability Company)				
The enclosed Articles of	f Amendment and fee(s) are sub	omitted for filing.	•			
Please return all corresp	ondence concerning this matter	to the following:				
	Jack L. Atchley	(Name of Person)				
	Atchley Properties LLC					
	(Firm/Company)					
	PO Box 18262					
		(Address)	'''' 			
	Knoxville, Tn. 37928					
		(City/State and Zip Code)				
For further information	concerning this matter, please c	eall:				
Jack L. Atchley		at (865) 254-8777				
(Name	of Person)	(Area Code & Daytime T	Telephone Number)			
Enclosed is a check for t	he 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)			
	ING ADDRESS:	STREET/COURIER	ADDRESS:			

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

TO:

Régistration Section

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO

FILED

ARTICLES OF ORGANIZATION

OF

2008 JUN 23 PM 1: 03

Jack Atchley Properties LLC

SECRETARY OF STATE TALLAHASSEE, FLORIDA

(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	and assigned		
Florida document number LO700000511			
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited liab	pility company here:		
Atchley Properties LLC			
The new name must be distinguishable and end with the words "Limit"L.L.C."	ited Liability Company," the design	gnation "LLC" or the abbreviation	
Enter new principal offices address, if applicable:	6150 State Road 70		
(Principal office address MUST BE A STREET ADDRESS)	Bradenton, Fl. 34203		
		· · · · · · · · · · · · · · · · · · ·	
Enter new mailing address, if applicable:			
(Mailing address MAY BE A POST OFFICE BOX)			
B. If amending the registered agent and/or registered of registered agent and/or the new registered office address her	ffice address on our records e:	, enter the 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 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, <u>enter the title, name, and address of each Manager or Managing Member being added or removed from our records</u>:

MGR = Manager

MGRM = Managing Member Title Name <u>Address</u> **Type of Action** Add Remove □ Remove _ Add Remove Remove ☐ Add Remove Add Remove D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) Dated Signature of a member or authorized representative of a member Jack L. Atchley Typed or printed name of signee

Page 2 of 2

Filing Fee: \$25.00