## L07000009488

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> J. SAULSBERRY EXAMINER

OCT 25 2011

## **COVER LETTER**

Division of Co	rporations				
SUBJECT:	Donnelly	Holdings, LLC			
	Name of Limi	ted Liability Company			
The enclosed Articles of	f Amendment and fee(s) are sub	mitted for filing.			
Please return all corresp	ondence concerning this matter	to the following:			
	CI	nristopher D. Donnelly			
		Name of Person			
	Do	onneily Holdings, LLC Firm/Company			
8216 NW 5th Court				,	
		Address		TA 5	
	Ga	inesville, Florida 32607		ECRE LAH	
		City/State and Zip Code		AS:	
	E mail address 7	cdd@64bithost.com to be used for future annual report notifica	ilan\	K K K K	ſ
For further information	concerning this matter, please of	•	ition)	是当 :-	i,
Christo	opher D. Donnelly	at ( 352 ) 3	16-4689	OF U	
Name	of Person	Area Code & Daytime T	Telephone Number		
Enclosed is a check for	the following amount:				
\$25.00 Filing Fee	\$30.00 Filing Fee & Certificate of Status	S55.00 Filing Fee & Certified Copy (additional copy is enclosed)	Certified	e of Status &	
MAILING ADDRESS: Registration Section		STREET/COURIE Registration Section	R ADDRESS:		

Registration Section Division of Corporations P.O. Box 6327

Registration Section

TO:

Tallahassee, FL 32314

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

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Donne ( <u>Name of the Limited Liabilit</u> (A Florida	elly Holdings, LLC ty Company as it now app Limited Liability Compan	nears on our records.)	
The Articles of Organization for this Limited Liability ( Florida document numberL0700009488	Company were filed on	January 25, 20	07 and assigned
This amendment is submitted to amend the following:  A. If amending name, enter the new name of the lin	nited liability company	<u>here</u> :	
The new name must be distinguishable and end with the wo	ords "Limited Liability Con	mpany," the designation	1 "LLC" or the abbreviation
Enter new principal offices address, if applicable:			
(Principal office address MUST BE A STREET ADD	RESS)		PS =
			AFF CT
			72 L
Enter new mailing address, if applicable:	<del></del>		mo n
(Mailing address MAY BE A POST OFFICE BOX)			70. 9
			PRITE 5
B. If amending the registered agent and/or registered agent and/or the new registered office adented agent.  Name of New Registered Agent:		on our records, <u>ente</u>	er the name of the new
Name of New Registered Agent.			
New Registered Office Address:	<del></del>	Enter Fiorida street d	uddress
	City	, Florida	Zip Code
	2.09		, .

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 Address Type of Action Title Name William H. Donnelly, Jr. MGR ☐ Add ☑ Remove 8216 NW 5th Court Gainesville, Florida 32607 ☐ Add Remove ☐ Add Remove ∏Add Remove  $\square$ Add Remove Add Remove D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) ڢ October 2011 Dated \_\_\_\_\_ Signature of a member or authorized representative of a member Christopher D. Donnelly, Manager Typed or printed name of signee

Page 2 of 2

Filing Fee: \$25.00