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PICK-UP	☐ WAIT ☐ MAIL			
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(Business Entity Name)				
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Certified Copies	Certificates of Status			

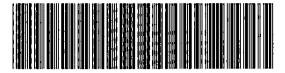
Special Instructions to Filing Officer:

L. SELLERS

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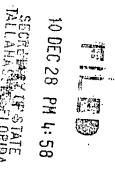
**EXAMINER** 

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## **COVER LETTER**

TO:	Registration S Division of Co			
SUBJE	ECT:	Masten, Lyerly, I	Peterson & Denbo, L	LC
5050			ited Liability Company	
The en	closed Articles of	Amendment and fee(s) are sul	omitted for filing.	
Please	return all correspo	ondence concerning this matter	to the following:	
			Melody Heaberlin	
Name of Person				
Masten, Lyerly, Peterson & Denbo, LLC				o, LLC
			Firm/Company	
			P.O. Box 4449	
		•	Address	
			0.1	
			Orlando, FL 32802 City/State and Zip Code	
		melodv.h	neaberlin@mastenlyerly.	com
		E-mail address: (	to be used for future annual report r	notification)
For fur	ther information of	concerning this matter, please o	call:	•
	Mel	ody Heaberlin	at ( 407 )	455-5135
		of Person	Area Code & Da	ytime Telephone Number
Enclose	ed 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 enclo	\$60.00 Filing Fee, Certificate of Status & Osed) Certified Copy (additional copy is enclosed)
	Regist Divisio P.O. B	ING ADDRESS: ration Section on of Corporations ox 6327 assee, FL 32314	STREET/COU Registration Se Division of Co Clifton Buildin 2661 Executive	rporations g

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Masten, Lyerly, Peterson & Denbo, LLC				
(Name of the Limited Liai (A Floi	bility Company as it now appearida Limited Liability Company)	rs on our records.)		
The Articles of Organization for this Limited Liability Florida document number	• •	April 12, 2010	and assign	ed
This amendment is submitted to amend the following	g:			
A. If amending name, enter the new name of the	limited liability company he	<u>re</u> :		
The new name must be distinguishable and end with the "L.L.C."	words "Limited Liability Comp	any," the designation "LL	C" or the abbr	eviation
Enter new principal offices address, if applicable	<u></u>			
(Principal office address MUST BE A STREET A	DDRESS)			<del></del>
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX	<u></u>			
B. If amending the registered agent and/or registered agent and/or the new registered office		our records, enter the	name of the	ne new
Name of New Registered Agent:				
New Registered Office Address:	<b>17</b>	್ಷ nter Florida street addre	PP CO	ALEMAN A
	£r	- B.7 - M., - P M M M M M M M.		
-	City	, Florida Z	Zip Code	<u></u>
New Registered Agent's Signature, if changing Regis	tered Agent:	A	,	

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>	Type of Action
DIR	Dwane Dougherty	P.O. Box 974 Lady Lake, FL 32158	Add Remove
			<del></del>
			Add Remove
			Add Remove
			Add Remove
	_		Add Remove
			Add Remove
D. If aı	mending any other information, enter	change(s) here: (Attach additional sheets, if necessary.)	
	Dwane Dougherty was added	to our records in error. Please remove him.	_
	He has never been affiliated w	ith the firm.	<u>-</u>
			_
Dated _	November 22 ,		<del></del>
	Signature of a	member or authorized representative of a member	
		Robert M. Lyerly Typed or printed name of signee	<del></del>

Page 2 of 2

Filing Fee: \$25.00