L07000023646

(Pa	aquestor's Name)		
(Requestor's Name)			
78.			
(Address)			
•			
(Address)			
(City/State/Zip/Phone #)			
		—	
☐ PICK-UP	☐ WAIT	MAIL	
(Bu	siness Entity.Nan	ne) ·	
(Do	cument Number)	Dr. Gen.	
Certified Copies	_ Certificates	s of Status	
Special Instructions to	Filing Officer:		
		·	
L			





400160236794

09/14/09--01057--00S **35.00

SECRETARY OF SIAIE
3) VISION OF CORPORATIONS
09 SEP 21 PM 2-29

T. HAMPTON

SEP 2 2 2009

EXAMINER

COVER LETTER

то:	Registration Section Division of Corporations	
SUBJI	Name of Limited Liability Company, LLC	
The en	closed Articles of Amendment and fee(s) are submitted for filing.	
Please	return all correspondence concerning this matter to the following:	
	Steven C. Counts Name of Person Drymmond Land Company, LC Firm/Company 2104 Thomas Deve Address Address City/State and Zip Code Steve. Counts a Counts real estak. com	
For fur	E-mail address: (to be used for future annual report notification) ther information concerning this matter, please call:	
	here Balel at (850) 349 - 3615 Area Code & Daytime Telephone Number	
Englos	ed is a check for the following amount:	
√ \$25	Certificate of Status Certificate of Status & Certificate	

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



RECEIVED

09 SEP 21 PM 4:00

SECRETARY OF STATE TALLAHASSEE, FLORIDA

September 15, 2009

STEVEN G COUNTS 2104 THOMAS DR PANAMA CITY BEACH, FL 32408

SUBJECT: DRUMMOND LAND COMPANY, LLC

Ref. Number: L07000023646

We have received your document for DRUMMOND LAND COMPANY, LLC and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The form you submitted is for a CORPORATION, but your entity is a LIMITED LIABILITY COMPANY. Please complete and return the enclosed blank form(s).

Please return the corrected original and one copy of your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6855.

Letter Number: 609A00030423

Tammy Hampton
Regulatory Specialist II
Registration/Qualification Section

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Name of the Limited Liability Compa (A Florida Limited)	Company LhC Invasit now appears on our records.) Liability Company
The Articles of Organization for this Limited Liability Company Florida document number \(\bigcup 07000 \(\bar{\chi} 3646 \).	
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited lial	pility company here:
The new name must be distinguishable and end with the words "Lim"L.L.C."	ited Liability Company," the designation "LLC" or the abbreviation
Enter new principal offices address, if applicable:	2104 Thomas Deive
(Principal office address MUST BE A STREET ADDRESS)	Havama City Bch, FI 32408
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	2104 Thomas Drive Hanama City Boh, FL3240
B. If amending the registered agent and/or registered o registered agent and/or the new registered office address here.	
Name of New Registered Agent:	
New Registered Office Address:	Enter Florida street address
	El 11

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.

City

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 ☐ Add Remove ∏ Add Remove □Add Remove ∏Add Remove D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) 2009 ignature of a member of authorized representative of a member

Page 2 of 2

Filing Fee: \$25.00