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(Re	equestor's Name)			
(Ad	idress)			
(Ad	ldress)			
(Cit	ty/State/Zip/Phon	e #)		
PICK-UP	WAIT	MAIL		
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10 NOV -5 AM II: 85

SECRETARY OF STATE
DIVISION OF CORPORATIONS

T. HAMPTON
NOV - 8 2010
EXAMINER

COVER LETTER

TO: Registration S Division of Co	ection rporations					
SUBJECT:	1012	Truman, LLC				
		ted 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:				
		Edwin J. Swan				
		Name of Person				
	1012 Truman, LLC					
Firm/Company						
		1012 Truman #101				
		Address				
		Key West, FL 33040				
		City/State and Zip Code				
	E-mail address: (1	.swan@preferredtax.com to be used for future annual report notific	cation)			
For further information	concerning this matter, please of	all:				
E	dwin J. Swan	at (302)	690-0520			
Name .	of Person	Area Code & Daytime Telephone Number				
Enclosed is a check for	the 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)			

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

TO SECRETARY OF STATE ARTICLES OF ORGANIZATION OF CORPORATIONS ARTICLES OF AMENDMENT

OF

10 NOV -5 AM 112 65

	1012 Trun	nan, LLC		
(Name of the Limite	d Liability Compa A Florida Limited I	ny as it now appea Liability Company)	rs on our records.)	
The Articles of Organization for this Limited I	Liability Company	were filed on	07/02/2007	and assigned
Florida document number L0700006	9224			
This amendment is submitted to amend the fol	lowing:			
A. If amending name, enter the new name of	of the limited liab	ility company her	<u>re</u> :	
	n/a			
The new name must be distinguishable and end w "L.L.C."	ith the words "Lim	ited Liability Compa	any," the designation "L	LC" or the abbreviation
Enter new principal offices address, if appli	n/a			
(Principal office address MUST BE A STREET ADDRESS)		n/a		
Enter new mailing address, if applicable:		n/a		
(Mailing address MAY BE A POST OFFICE BOX)				
			·	
B. If amending the registered agent and	or registered of	ffice address on	our records, <u>enter t</u>	he name of the new
registered agent and/or the new registered of	office address her	<u>e</u> :		
Name of New Registered Agent:	n/a			
New Registered Office Address:	n/a			
		En	nter Florida street add	ress
			, 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 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 = MGRM	Manager I = Managing Member		
<u>Title</u>	<u>Name</u>	Address	Type of Action
			Add Remove
<u></u>			Add Remove
			Add Remove
D. If a	mending any other information, enter chang	ge(s) here: (Attach additional sheets, if necessary.)	
	Please remove David C. Austin & So	cott P. Forman as "MEMBERS" from & Scott P. Forman authorize this change.	— 91V.
	David C. Austin	2 919/10	
	Scott P. Forman Sep for	9/9/10	FILE ISION OF CO 10 NOV -5
Dated _	09/09 , 20	<u>010 </u>	() 1, ' '
	Eduin Spran		OF STATE OF STATE OF STATE OF STATE OF STATE
	Signature of a member	er or authorized representative of a member	NS TONS
	Турес	Edwin J. Swan d or printed name of signee	<u></u>

Page 2 of 2

Filing Fee: \$25.00