

LO7 000 111035

(12)

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP     WAIT     MAIL

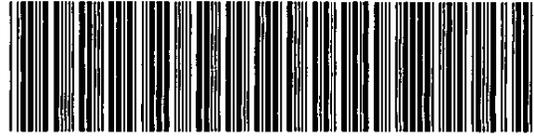
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Office Use Only



600130445446

06/02/08--01013--002 \*\*30.00

2008 JUN -2 AM 11:19  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

FILED

T. CLINE

JUN - 2 2008

EXAMINER

**COVER LETTER**

**TO: Registration Section  
Division of Corporations**

**SUBJECT:** Twelve Properties, LLC  
(Name of Limited Liability Company)

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Melissa K. Clark  
(Name of Person)

Southern Sales Reps, LLC  
(Firm/Company)

1695 Pinellas Bayway S. #A3  
(Address)

Tierra Verde, FL 33715  
(City/State and Zip Code)

For further information concerning this matter, please call:

Melissa Clark at (727) 865-3746  
(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

2009 JUN -2 AM 11:09  
 FILED  
 SECRETARY OF STATE  
 TALLAHASSEE, FL 32301

**ARTICLES OF AMENDMENT  
TO  
ARTICLES OF ORGANIZATION  
OF**

Twelve Properties LLC  
(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 were filed on 11/01/07 and assigned Florida document number LD7000111035

This amendment is submitted to amend the following:

**A. If amending name, enter the new name of the limited liability company here:**

Southern Sales Reps, LLC  
The new name must be distinguishable and end with the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."

Enter new principal offices address, if applicable:

**(Principal office address MUST BE A STREET ADDRESS)**

226 1/2 8<sup>th</sup> Ave NE  
# 1  
St. Petersburg, FL 33701

Enter new mailing address, if applicable:

**(Mailing address MAY BE A POST OFFICE BOX)**

PO BOX 4155  
St. Petersburg, FL 33731

**B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here:**

Name of New Registered Agent: \_\_\_\_\_

New Registered Office Address: \_\_\_\_\_

\_\_\_\_\_  
(Enter Florida street address)  
\_\_\_\_\_, Florida  
(City) \_\_\_\_\_ (Zip Code)

2008 JUN -2 PM 11:11  
FILED  
SECRETARY OF STATE  
TALLAHASSEE  
FLORIDA

**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 = Manager  
MGRM = Managing Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGR	Melissa K Clark	1695 Pinellas Bayway S. #A3 Terra Verde, FL 33715	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
MGRM	Melissa K. Clark	1695 Pinellas Bayway S. #A3 Terra Verde, FL 33715	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
_____	_____	_____	<input type="checkbox"/> Add <input type="checkbox"/> Remove
_____	_____	_____	<input type="checkbox"/> Add <input type="checkbox"/> Remove
_____	_____	_____	<input type="checkbox"/> Add <input type="checkbox"/> Remove
_____	_____	_____	<input type="checkbox"/> Add <input type="checkbox"/> Remove

D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

2008 JUN -2 AM 11:19  
 SECRETARY OF STATE  
 TALLAHASSEE, FLORIDA

FILED

Dated 5/28/08 May 28, 2008.

Melissa K Clark  
Signature of a member or authorized representative of a member

Melissa K. Clark  
Typed or printed name of signee