

**LD8000023072**

\_\_\_\_\_  
(Requestor's Name)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

\_\_\_\_\_  
(Business Entity Name)

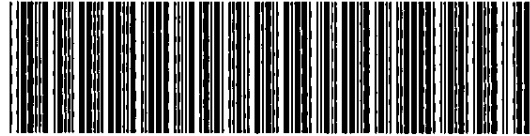
\_\_\_\_\_  
(Document Number)

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

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**'SEP 11 2012**  
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**FILED**  
**12 SEP -7 AM 10:56**  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

## COVER LETTER

TO: **Registration Section  
Division of Corporations**

SUBJECT: FLEMING & COMPANY, 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:

Pieter Mocke, Fleming & Company, LLC

Name of Person

FLEMING & COMPANY, LLC

Firm/Company

11636 Davis Creek Rd., E

Address

Jacksonville, FL 32256

City/State and Zip Code

peter@flemingauction.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Pieter Mocke

Name of Person

at ( 904 )

886-9200

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

**FLEMING & COMPANY, LLC**

(A Florida Limited Liability Company)

Page 1 of 2

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12 SEP -7 AM 10:56  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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

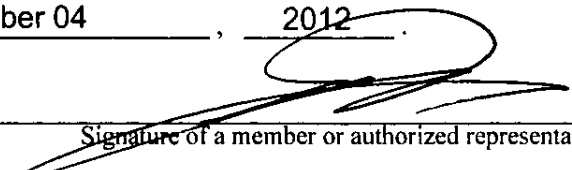
MGRM = Managing Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
	<u>COPPER EAGLE TRADING 108 CC</u>	<u>P.O. Box 12672 Benoryn</u>	<input checked="" type="checkbox"/> Add
	<u>DOING BUSINESS AS: COPPER EAGLE</u>	<u>Benoni 1504</u>	<input type="checkbox"/> Remove
		<u>South Africa</u>	
			<input type="checkbox"/> Add
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D. If amending any other information, enter change(s) here: *(Attach additional sheets, if necessary.)*

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

Dated September 04, 2012

  
\_\_\_\_\_  
Signature of a member or authorized representative of a member

Pieter Mocke, Fleming & Company, LLC

\_\_\_\_\_  
Typed or printed name of signee