

L08000027992

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

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☐

MAIL

(Business Entity Name)

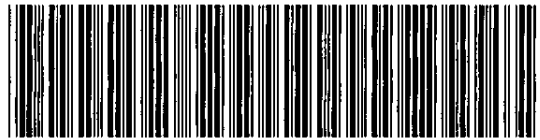
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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

D. BRUCE

NOV 04 2008

EXAMINER

## COVER LETTER

**TO: Registration Section  
Division of Corporations**

**SUBJECT: Eagle Feather 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:

F. Timothy Mapp  
(Name of Person)  
  
Eagle Feather Mining LLC  
(Firm/Company)  
  
779 Tamiami Trail Ste #5  
(Address)  
  
Port Cahrlotte, Fl 33953  
(City/State and Zip Code)

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For further information concerning this matter, please call:

F. Timothy Mapp at ( 941 ) 780-9660  
(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

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

Eagle Feather 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 3/18/2008 and assigned  
Florida document number L08000027992.

This amendment is submitted to amend the following:

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

Eagle Feather Mining 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)

779 Tamiami Trail Ste #5

Port Charlotte, Fl 33953

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

779 Tamiami Trail Ste. #5

Port Charlotte, Fl 33953

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**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:

779 Tamiami Trail Ste #5

*(Enter Florida street address)*

Port Cahrlotte, Florida 33953

*(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 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:

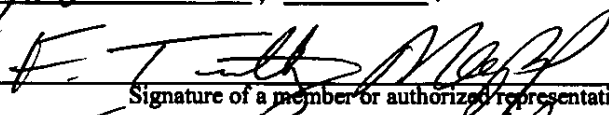
MGR = Manager  
MGRM = Managing Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGRM	G.F. Baxley	3278 N.E. Hwy 17 Arcadia, FL 34266	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
MGRM	Stephen J. Harkeli	779 Tamiami Trail STE #5 Port Charlotte, FL 33953	<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.)

Dated

10/28/08



Signature of a member or authorized representative of a member

F. TIMOTHY MAPP

Typed or printed name of signee

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