## L08000028551

(Requestor's Name)					
(Address)					
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(Address)					
(City/State/Zip/Phone #)					
PICK-UP WAIT MAIL					
(Business Entity Name)					
(Document Number)					
(Doddinon (United))					
Certified Copies Certificates of Status					
Special Instructions to Filing Officer:					





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B. BOSTICK

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EXAMINER

## **COVER LETTER**

TO: Registration S Division of Co						
SUBJECT: TAR Pr	roperties LLC					
	(Name of Lin	nited Liability Company)				
The enclosed Articles of	f Amendment and fee(s) are sul	omitted for filing.				
Please return all corresp	ondence concerning this matter	to the following:				
	Kelley D. Jones					
		(Name of Person)				
	Kelley D. Jones, P					
		(Firm/Company)				
	1701 NW 80th Blvd					
		(Address)				
	Gainesville, FL 326	606		SEU	<u>=</u>	
		(City/State and Zip Code)			Ë	1
For further information (	concerning this matter, please c	all:		SSEELE	.22 PH	
Kelley D. Jones		at ( 352 ) 377-2004		101 715	တ္	Anguard P
	of Person)	(Area Code & Daytime T	elephone Number)	TE	رې ټ	
Enclosed is a check for t	he following amount:					
2 \$25.00 Filing Fee	□\$30.00 Filing Fee & Certificate of Status	□\$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	□\$60.00 Filing Certificate Certified C (additional	of Status		ed)

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

	(City)		(Zip Code)	de)	
		, Florida			
Thew Registered Office Address.	(En	ter Florida street addre	ess)		
New Registered Office Address:					
Name of New Registered Agent:					
	<del></del>				
B. If amending the registered agent and/or registered agent and/or the new registered office		ur records, enter the	name of the	he ne	
	<del></del>	AD A	m to		
Mailing address MAY BE A POST OFFICE BOX	Κ)	LOR	<del></del>		
Enter new mailing address, if applicable:				1 )	
		<u>ن</u> ت		*	
	·			D II	
(Principal office address MUST BE A STREET A	DDRESS)	LA			
Enter new principal offices address, if applicable	: 	A	<u> </u>		
L.L.C."	e words. Ellinted Elability Compa.	ny, the designation EE	e of the abbi	cvia	
The new name must be distinguishable and end with the	e words "Limited Liability Compa	ny " the designation "I I	C" or the abb	reviat	
A. If amending name, <u>enter the new name of the</u>	limited liability company her	<u>e</u> :			
This amendment is submitted to amend the followin					
This are an demant is submitted to are and the Callania					
Florida document number <u>L08000028551</u>	·				
The Articles of Organization for this Limited Liabili	ity Company were filed on Ma	rch 19, 2008	and assign	ied	
•	, , ,				
( <u>Name of the Limited Lial</u> (A Flor	bility Company as it now appear rida Limited Liability Company)	s on our records.)			
TAR Properties LLC	Liller Common on it was a	a on one more and a			

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> Name 1 **Address** Type of Action MGR Paul D. Bowers **⊠** Add 1701 NW 80th Blvd, Ste 101 ☐ Remove Gainesville, FL 32606 ☐ Add ☐ Remove Add ☐ Remove ☐ Add ☐ Remove □ Add □ Remove ☐ Add ☐ Remove D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

Signature of a member or authorized representative of a member

Thomas A. Robinson

Typed or printed name of signee

<u>2011</u>

Dated July

Page 2 of 2

Filing Fee: \$25.00