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**EXAMINER** 



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SECRETARY OF SEALS
DIVISION OF CORPORATIONS

## **COVER LETTER**

	on Section      • f Corporations	•	
SUBJECT: Lick	Skillet Management Ll	LC	
SOBGECT:		nited Liability Company)	
The enclosed Articl	es of Amendment and fee(s) are sul	bmitted for filing.	
Please return all con	respondence concerning this matter	r to the following:	
	Jonatha	Name of Person)	
		•	
		(Firm/Company)	_ <del>.</del>
	8240 Cer	terville Road  (Address)	
	Tallaha	(Address)  See FL 3230 (City/State and Zip Code)	<u>59</u>
For further information	tion concerning this matter, please of	call:	
Tonath	an Kohler	at (850 ) 808 - 2 (Area Code & Daytime T	1999
. ()	ame of Person)	(Area Code & Daytime T	elephone Number)
Enclosed is a check	for the following amount:		
\$25.00 Filing Fe	e \$\square\$\$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**

Lick Skillet management 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 4128 108 and assigned lorida document number 25739931
his amendment is submitted to amend the following:
If amending name, enter the new name of the limited liability company here:
Lick Skillet Plantation LLC
he new name must be distinguishable and end with the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.C."
Inter new principal offices address, if applicable:
Principal office address MUST BE A STREET ADDRESS)
nter new mailing address, if applicable:
Mailing address MAY BE A POST OFFICE BOX)
s. If amending the registered agent and/or registered office address on our records, enter the name of the new egistered agent and/or the new registered office address here:
Name of New Registered Agent:
New Registered Office Address:
. (Enter Florida street address)
(City), Florida (Zip Code)
ew 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)

Page 1 of/2

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 = N MGRM =	∕Ianager = Managing Member		
<u>Title</u>	<u>Name</u>	Address	Type of Action
			Add Remove
	·		Add Remove
			Add Remove
			Add Remove
			Add Remove
			Add Remove
D. If ame	nding any other information, enter change(	(s) here: (Attach additional sheets, if necessary.)	· <del>-</del>
-	1M-Cl		_
_	Effective Date:		<del></del>
Dated	Effective Date: January 1, 200	9.	
	Jonathan & K	r authorized representative of a member	
	Typed or	Page 2 of 2	

Filing Fee: \$25.00