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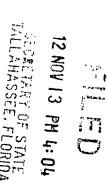
EXAMINER



700240901547

10/22/12--01007--004 **25.00

ENPOOLE



COVER LETTER

Division of C	orporations			
SUBJECT:	CHARLES DEN	NNIS CLAYTON L.	L.C.	
	Name of Lim	ited Liability Company		
The enclosed Articles of	of Amendment and fee(s) are sul	omitted for filing.		
Please return all corres	pondence concerning this matter	to the following:		
	с	harles Dennis Claytor	າ	
		Name of Person		
	Charl	les Dennis Clayton L.	L.C.	
		Firm/Company		
	8	3763 S.W. 27th Lane		
	***************************************	Address		
		Gainesville, FL 32608		
		City/State and Zip Code		
	Cder	nnisclayton@yahoo.co to be used for future annual rep	ort notification)	
For further information	concerning this matter, please of	_		
	es Dennis Clayton	at (_352_)	339-4907	
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 en	,	Status &

MAILING ADDRESS:

Registration Section

TO:

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

	DENNIS CLAYTON			
(Name of the Limited Liab (A Flori	ility Company as it now appe ida Limited Liability Company	ars on our records.)		
The Articles of Organization for this Limited Liabilit	ty Company were filed on	June 21, 200	<u>β</u> and ε	assigned
Florida document number L08000061027	,			
This amendment is submitted to amend the following	g:			
A. If amending name, enter the new name of the	limited liability company h	ere:		
The new name must be distinguishable and end with the 'L.L.C."	words "Limited Liability Com	pany," the designation	1 "LLC" or th	e abbreviatio
Enter new principal offices address, if applicable:	<u></u>			·····
(Principal office address MUST BE A STREET AL	ODRESS)			ゔ
			2.77 H.E.	<u> </u>
Enter new mailing address, if applicable:			SSEE.	D TT
Mailing address MAY BE A POST OFFICE BOX	2		STAT	1000
				
B. If amending the registered agent and/or re registered agent and/or the new registered office a		our records, ente	r the name	of the nev
egistered agent and/or the new registered office a	iddress nere:			
Name of New Registered Agent:	· · · · · · · · · · · · · · · · · · ·			
New Registered Office Address:		inter Florida street a		
	Ľ	nier r ioriaa sireei l	<i>iaaress</i>	
	City	, Florida	Zip Co	xde

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>	Name	Address	Type of Action
MGRM	Robert D. Douglas	RR 1 Box 03 Hillview, IL 62050-9801	Add Remove
			Add Remove
			Add Remove
	- 		Add Remove
			Add Remove
			Add Remove
D. If amend	ling any other information, enter chan	ge(s) here: (Attach additional sheets, if necessary.)	
_			
 Dated	October 1st \mathcal{A}_{V} 2	012 . ()	
		US (M) er or authorized representative of a member	<u> </u>
	Cha	arles Dennis Clayton d or printed name of signee	

Page 2 of 2

Filing Fee: \$25.00