L08000080647

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COVER LETTER

Division of Corporations
SUBJECT: WILLIAM K RIGGE 2 LC (Name of Limited Liability Company)
(Name of Limited Liability Company)
SUBJECT: WILLIAM & WILLIAM
The enclosed Articles of Amendment and fee(s) are submitted for filing.
Please return all correspondence concerning this matter to the following:
MINIAM KENNETST Blocks
CBC COAST REAUTY (Firm/Company)
4554 ChIDE MODALE BLID HZ
City/State and Zip Code)
For further information concerning this matter, please call:
(Name of Person) at (386) 212 9809 (Area Code & Daytime Telephone Number)
Enclosed is a check for the following amount:
\$25.00 Filing Fee Certificate of Status Certificate of Status Certificate of Status Certified Copy (additional copy is enclosed) Certified Copy (additional copy is enclosed)

MAILING ADDRESS:

TO:

Registration Section

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

William K. Riggle, LLC			
(Name of the Limited Liability Co (A Florida Lim	ompany as it now appears on our reco ited Liability Company)	<u>ords.</u>)	
The Articles of Organization for this Limited Liability Com	pany were filed on August 22, 2008	; 	and assigned
Florida document number L08000080647			-
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited	l liability company here:		
William Kenneth Riggle LLC			
The new name must be distinguishable and end with the words "L.L.C."	"Limited Liability Company," the desig	mation "LLC"	or the abbreviation
Enter new principal offices address, if applicable:		A A A A A A	
(Principal office address MUST BE A STREET ADDRES	<u>(S)</u>	ASS T	F
		- F - T	
		r - w	
Enter new mailing address, if applicable:	· · · · · · · · · · · · · · · · · · ·	PRI F	.
(Mailing address MAY BE A POST OFFICE BOX)			·
B. If amending the registered agent and/or registere registered agent and/or the new registered office address	d office address on our records, here:	enter the na	ame of the new
Name of New Registered Agent:			
New Registered Office Address:			
	(Enter Florida s	treet address)	
		rida	
	(City)	(Zi	ip 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>	Address	Type of Action		
<u> </u>			Add Remove		
			Add Remove		
			Add Remove		
			Add Remove		
			ARE SAAdd Remove		
			Add Remove		
D. If amend	ling any other information, enter chang	ge(s) here: (Attach additional sheets, if neces	sary.)		
	A .				
Dated	8/27 . 2 Millian 10	www.	,		
	William KEA	or or authorized representative of a member of the state			

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Filing Fee: \$25.00