

LO8000114662

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP

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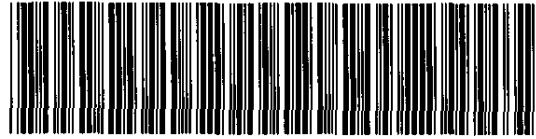
(Business Entity Name)

(Document Number)

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RECEIVED
10 FEB -5 PM 3:09
DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

FILED
10 FEB -5 PM 3:23
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

T. HAMPTON
FEB -5 2010
EXAMINER

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: AUSPICIOUS HOLDINGS 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:

KAREN ARNETT
Name of Person
ARNETT & KERRIGAN, PL
Firm/Company
600 GRANDE BLVD, SUITE 206
Address
MIRAMAR BEACH, FL 32550
City/State and Zip Code
KAREN@ARNETTLEGAL.COM
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

KAREN ARNETT at (**850**) **502-4373**
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**

AUSPICIOUS HOLDINGS, 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 12/17/2008 and assigned Florida document number L08000114662.

This amendment is submitted to amend the following:

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

TALCON GROUP, 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)

3197 US HIGHWAY 98 WEST

SANTA ROSA BEACH, FL 32259

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

600 GRAND BLVD, SUITE 206

MIRAMAR BEACH, FL 32550

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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: KAREN ARNETT

New Registered Office Address: 600 GRAND BLVD., SUITE 206

Enter Florida street address

MIRAMAR BEACH

City

Florida

32550

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.

Karen Arnett
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>
<u>MGRM</u>	<u>GARY L MARTIN</u>	<u>149 LAKE HOLLEY CIRCLE</u> <u>DEEJUNIAK SPRINGS, FL 32433</u>	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
<u>MGRM</u>	<u>WILLIAM A MARTIN</u>	<u>3092 RICHARDSON ROAD</u> <u>CRESTVIEW, FL 32539</u>	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
<u>MGR</u>	<u>RICK D NESIUS</u>	<u>3983 HIGHWAY 41A NORTH</u> <u>CHAPEL HILL, TN 37034</u>	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
<u> </u>	<u> </u>	<u> </u>	<input type="checkbox"/> Add <input type="checkbox"/> Remove
<u> </u>	<u> </u>	<u> </u>	<input type="checkbox"/> Add <input type="checkbox"/> Remove
<u> </u>	<u> </u>	<u> </u>	<input type="checkbox"/> Add <input type="checkbox"/> Remove

D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

Dated FEBRUARY 4, 2010

Zackary T. Nesius MGRM

Signature of a member or authorized representative of a member

ZACKARY T NESIUS

Typed or printed name of signee

SECRETARY OF STATE
 TALLAHASSEE, FLORIDA
 10 FEB -5 PM @ 23
FILED