L090000/3796

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SECRETARY OF STATE

J. BRYAN

JUL -7 2009

EXAMINER

COVER LETTER

	tion Section of Corporations			
SUBJECT:	FDS E	Enterprises LLC		
		nited Liability Company		
The enclosed Artic	cles of Amendment and fee(s) are so	ubmitted for filing.		
Please return all co	orrespondence concerning this matt	er to the following:		
		Beverly J. Buck		SE SE
		Name of Person		ESS ET
		FDS Enterprises LLC		製み下
		Firm/Company		SEE P
1716 McLeod Road				To Sign
	<u></u>	Address	,	RETARY OF STATE
	De	Funiak Springs FL 32435		D.
		City/State and Zip Code		
	fdse	enterprisesIIc@yahoo.com (to be used for future annual report no		
Fan familian in famili			ouncation)	
ror further inform	ation concerning this matter, please	call:		
	Beverly J. Buck	at (_850_)	333-0413	
	Name of Person	Area Code & Dayt	time Telephone Number	
Enclosed is a chec	k for the following amount:			
\$25.00 Filing I	Fee \$\ \sqrt{\$30.00 \text{ Filing Fee & Certificate of Status}}	\$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	sed) Certified	e of Status &
	MAILING ADDRESS:		RIER ADDRESS:	
Registration Section Division of Corporations		Registration Section Division of Corporations		
P.O. Box 6327		Clifton Building		

Tallahassee, FL 32314

2661 Executive Center Circle Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Nome of the Limited I	FDS Enterp	rises LLC	our records \	100 3 C	
(Name of the Limited I (A)	Florida Limited Li	ability Company)	our records.)	F1.51	
The Articles of Organization for this Limited Lia Florida document number L090000137		were filed on Febr	uary 11, 2009	and aggined	
This amendment is submitted to amend the follow	wing:				
A. If amending name, enter the new name of	the limited liabi	lity company here:			
The new name must be distinguishable and end with "L.L.C."	the words "Limit	ed Liability Company,"	the designation "L	LC" or the abbreviation	
Enter new principal offices address, if applica	ble:	1716 McLeod Ro	ad		
(Principal office address MUST BE A STREET ADDRES		DeFuniak Springs FL 32435			
Enton more modified address of a collection					
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE B	ovi				
maning dauress MAT DE A FOST OFFICE B	<u>UA)</u>		 		
B. If amending the registered agent and/or registered agent and/or the new registered offi			ecords, <u>enter tl</u>	ne name of the new	
Name of New Registered Agent:	Beverly J. Bu	uck			
New Registered Office Address:	1716 McLeod Road				
	Enter Florida street address				
	DeFuniak Springs , Florida		32435		
	City		·	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.

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 = Manager MGRM = Managing Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
MGRM	Howard E. Clark	1911 McLeod Road DeEuniak Springs FL 32435	Add Remove
			☐ Add ☐ Remove
			Add Remove
			Add Remove
			Add Remove
			Add Remove
D. If amend	ling any other information,	enter change(s) here: (Attach additional sheets, if n	ES 0
<u> </u>			FILED 09 JUL -6 PH 3: 4 SECRETARY OF STATE ALLAHASSEE. FLORII
			OF STATE PLONING
Dated	June 23		15.20
	Signature		
	Beverly J. Buck	Typed or printed name of signee	d E. Clark

. y pea or primee mane or sign

Page 2 of 2

Filing Fee: \$25.00