L09000002540

-					
(Requestor's Name)					
(Address)					
·					
(Address)					
(City/State/Zip/Phone #)					
(Olly/Olate/Zip/i Horie #)					
PICK-UP WAIT MAIL					
(Business Entity Name)					
(Document Number)					
ı					
Gertified Copies Certificates of Status					
•					
Special Instructions to Filing Officer:					
i i					
L. SELLERS					
SEP 8 2009					
, , , , , , , ,					
EXAMINER					

Office Use Only



300159912573

09/04/09--01010--001 **25.00

09 SEP -4 AM 8: 11
SECRUTARY OF STATE
TALL AHASSEE FLORI

. .

Reconquest Group LLC 601 Cleveland Street, Suite 501 Clearwater, FL 33755 reconquestgroup@yahoo.com (P) 415-513-8029 (F) 866-591-7340

September 1, 2009

Registration Section Divisions of Corporations P.O. Box 6327 Tallahassee, FL 32314

To Whom It May Concern:

This request regards amending the name for:

Reconquest Group LLC Filed on March 9, 2009 FL doc # L09000022540

To the new name:

The Auckland Group LLC

I have included the online amendment form and a check for the required \$25 filing fee. Please don't hesitate to contact with any questions.

Best regards

JL Mayer

COVER LETTER

TO:	Registration Section Division of Corporations
SUBJEC	T: Reconquest Group LLC Hame of Limited Liability Company
OC BOLL	Name of Limited Liability Company
The encl	osed Articles of Amendment and fee(s) are submitted for filing.
Please re	turn all correspondence concerning this matter to the following:
	JL Mayer Name of Person
	Reconguest Group Firm/Company
	601 Cleveland Street, Suite 501
	Clearwater FL 33755 City/State and Zip Code Ceconquestgroup@ Yahoo, com E-mail address too be used for Juture annual report notification)
	E-mail address to be used for future annual report notification)
For furth	er information concerning this matter, please call:
J	L Mayer at (415) 513-8029 Name of Person Area Code & Daytime Telephone Number
Enclosed	is a check for the following amount:
X [\$25,0	O Filing Fee \$\ \text{Certificate of Status} \text{S55.00 Filing Fee & Certified Copy (additional copy is enclosed)} \text{\$\text{S60.00 Filing Fee, Certified of Status & Certified Copy (additional copy is enclosed)}} \text{\$\text{Certified Copy (additional copy is enclosed)}} \$\text{Certified Copy

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

FILED

09 SEP -4 AM 8: 1

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Reconque	st (s	roup LL	C			
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 Liabi	lity Company	were filed on <u>Mar</u>	ch 9, 2009 and assigned			
This amendment is submitted to amend the followi	ng:		·			
A. If amending name, enter the new name of the The Auckla The new name must be distinguishable and end with the "L.L.C."			," the designation "LLC" or the abbreviation			
Enter new principal offices address, if applicabl		NA				
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		N/A				
B. If amending the registered agent and/or registered agent and/or the new registered office			r records, enter the name of the new			
Name of New Registered Agent:	N/A					
New Registered Office Address:	NJA		Florida street address			
			, Florida			
_		City	Zip Code			
New Registered Agent's Signature, if changing Reging I hereby accept the appointment as registered agenthe provisions of all statutes relative to the propaccept the obligations of my position as register being filed to merely reflect a change in the region of this change in the sequence of the propact of this change in the sequence of th	gent and agroer and compred agent as listered officeinge.	ee to act in this cape lete performance of provided for in Chap address, I hereby co	my duties, and I am familiar of and oter 608, F.S. Or, if this document is			

If amending the Managers or Managing Members on our records, <u>enter the title, name, and address of each Manager or Managing Member being added or removed from our records</u>:

MGR = Manager

MGRM = N	Managing Member		
<u>Title</u>	<u>Name</u>	Address	Type of Action
MA	NA	N/A	Add Remove
	<u></u>		Add Remove
			Add Remove
····			Add Remove
			Add Remove
			Add Remove
D. If amen	ding any other information, enter chan	nge(s) here: (Attach additional sheets, if necessary.)	_
_			_
		,	
Dated	,		
	Signature of a ments JL Mayer Type	er or achorized representative of a member	

Page 2 of 2

Filing Fee: \$25.00