## 1090000 48448

(Req	uestor's Name)	
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PICK-UP	☐ WAIT	MAIL
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## **COVER LETTER**

	egistration Se ivision of Cor					
SUBJECT		erprises, LLC				
SUBJECT	·	Name of Lim	ited Liability Company			
		Amendment and fee(s) are sub				
		Gordon Duncan				
			Name of Person		23	
		Duncan & Associates, P.A			到 可	
			Firm/Company			
		PO Box 249		•		)
	Address				F#	
Fort Myers, FL 33902					22	
			City/State and Zip Code	<del>.</del>		
		E-mail address: (	to be used for future annual report notif	ication)		
For further	information co	oncerning this matter, please ca	all:			
Gordon Du	ıncan		239 334-4574			
	Name of	f Person		Telephone Number	_	
Enclosed is	a check for th	e 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 Certificate of Certified Cop (additional copy	f Status & Dy	
	MAILI	ING ADDRESS:	STREET/COURI	ER ADDRESS:		

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

(Name of the Limited Liab (A Flor	ility Company as it now appears on ou ida Limited Liability Company)	ır records.)
The Articles of Organization for this Limited Liability	Company were filed on May 19.	2009 and assigned
Florida document number L09000048448	·	
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the li	mited liability company here:	
The new name must be distinguishable and contain the words "L	imited Liability Company," the designat	ion "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
Principal office address MUST BE A STREET ADI	DRESS)	
		711
inter new mailing address, if applicable:		2
Mailing address MAY BE A POST OFFICE BOX		ラー・・・・・・・・・・・・・・・・・・・・・・・・・・・・・・・・・・・・
B. If amending the registered agent and/or reg		records, enter the name of the
registered agent and/or the new registered office ad	<u>ldress here</u> :	
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida stre	vet address
		, Florida
	Ciry	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 605, 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 Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added or removed from our records:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	Type of Action
MGRM	Suzanne H. Kelly		Add
			Change
MGR	Suzanne H. Kelly	1800 Marina Circle, N. Fort Myers, FL 33903	<b>=</b> Add
		<del></del>	Remove
			Change
			Remove.
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Typed or printed name of signee

Filing Fee: \$25.00