

LD90000067127

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

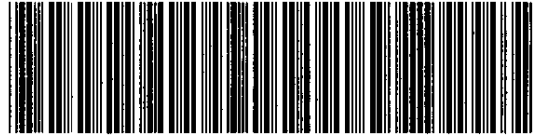
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: Uncle Sandy's Macaw Bird Park 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:

CARL Kirkconnell
Name of Person

Uncle Sandy's Macaw Bird Park LLC
Firm/Company

9513 N. PALFOX ST.
Address

PENSACOLA FL 32534
City/State and Zip Code

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

CARL Kirkconnell at (850) - 478 - 6421
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

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Uncle Sandy's Macaw Bird
(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 7/10/2009 and assigned Florida document number L09000067127

This amendment is submitted to amend the following:

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

NA

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)

NA

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

NA

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:

NA

New Registered Office Address:

Enter Florida street address

City, Florida 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.

NA
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>
mGRM	Allison Sorensen	10299 Cove Ave Pensacola, FL 32534	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
mGRM	TEENIA RODRIGUEZ	357 Nowlin ST Pensacola, FL 32534	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
mGRM	MARY ROGERS	3421 E. Kingsfield Rd. Pensacola, FL 32514	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
mGRM	Jacqueline Green	9513 N. Old Palatka ST Pensacola, FL 32534	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
mGRM	Katherine Lindley	7930 STALLWORTH #1 Pensacola, FL 32526	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
mGRM	NANCY CARROLL	8407 Alekai Dr. Pensacola, FL 32526	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove

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

~~MGRM~~ Caitlin Simpson Add
PO Box 906
Loxley, AL 36551

MGRM Brittany Schesny Add
7901 Jefferson Ave.
Century, FL 32535

Dated 12-20- 2009.

Carl Kirkconnell
Signature of a member or authorized representative of a member

CARL Kirkconnell
Typed or printed name of signee

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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