

L09000073990

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

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DEC 17 2009

EXAMINER

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TALLAHASSEE FLORIDA

**LAW OFFICES OF
RORY B. WEINER, P.A.**
ATTORNEYS AND COUNSELORS AT LAW

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*Also admitted in NJ
*Of Counsel, also admitted in AL, TX & CA, Master of Laws in
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□ Certified Paralegal, Florida Registered Paralegal

THE LEGAL EDGESM

December 15, 2009

VIA FEDERAL EXPRESS

Department of State
Division of Corporations
PO Box 6327
Tallahassee, FL 32314-6327

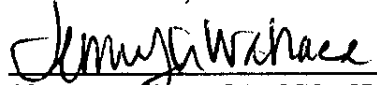
**RE: Symmes Road, LLC
L09000073990
Our Matter No.: 2009-1771-001**

Dear Clerk:

Enclosed please find an original and one copy of the Amendment to the Articles of Organization for Symmes Road, LLC as well as the firm check in the amount of \$25.00 (check #4709) for the Amendment filing fee. Please file the Amendment and kindly return the copy, with the date/time stamp of filing, in the enclosed preaddressed stamped envelope.

Thank you for your attention to this matter and please contact our office if you have any questions.

Sincerely,
RORY B. WEINER, P.A.

By: 
Jennifer R. Wallace, CP, FCP, FRP
Certified Paralegal

/jrw

cc: Luke Jacob

Enclosures

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: SYMMES ROAD, 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:

Luke Jacob

Name of Person

Firm/Company

2096 Royale Court

Address

Eagan, MN 55122

City/State and Zip Code

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

For further information concerning this matter, please call:

Luke Jacob

Name of Person

at (**813**)

334-5135

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**

SYMMES ROAD, 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 August 3, 2009 and assigned
Florida document number L09000073990.

This amendment is submitted to amend the following:

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

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)

2096 Royale Court

Eagan, MN 55122

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

2096 Royale Court

Eagan, MN 55122

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:

New Registered Office Address:

Enter Florida street address

Florida

City

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TALLAHASSEE, FLORIDA

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

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>
_____	_____	_____	☐ Add
		_____	☐ Remove

_____	_____	_____	☐ Add
		_____	☐ Remove

_____	_____	_____	☐ Add
		_____	☐ Remove

_____	_____	_____	☐ Add
		_____	☐ Remove

_____	_____	_____	☐ Add
		_____	☐ Remove

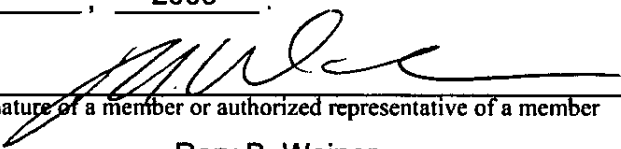
D. If amending any other information, enter change(s) here: *(Attach additional sheets, if necessary.)*

Please correct address for member Luke Jacob to:

2096 Royale Court

Eagan, MN 55122

Dated December 15, 2009


Signature of a member or authorized representative of a member

Rory B. Weiner

Typed or printed name of signee

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SECRETARY OF STATE
TALLAHASSEE FLORIDA