

LD900000 78233

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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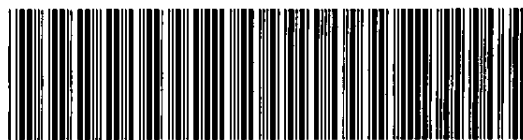
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

J. SAULSBERRY
EXAMINER

DEC 1 2011

TRANSMITTAL LETTER

TO: Registration Section
Division of Corporations

SUBJECT: EKA PROPERTIES, 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:

W. S. McCONNELL

(Name of Person)

FINANCIAL EXECUTIVE CONSULTANTS

(Firm/Company)

730 S. STERLING AVE. SUITE 110

(Address)

TAMPA, FL 33609

(City/State and Zip Code)

For further information concerning this matter, please call:

W. S. McCONNELL

(Name of Person)

at (813)

282-0411

(Area Code & Daytime Telephone Number)

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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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)

STREET ADDRESS:
Registration Section
Division of Corporations
409 E. Gaines Street
Tallahassee, Florida 32399

MAILING ADDRESS:
Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, Florida 32314

**ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF**

EKA PROPERTIES, 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 8/13/2009 and assigned
Florida document number L09000078233.

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)

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

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 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

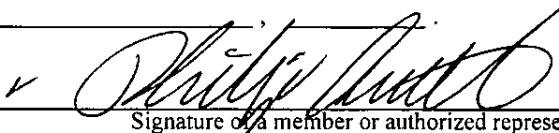
If amending the Managers or Managing Members on our records, enter the title, name, and address of each Manager or Managing Member being added or removed from our records:

MGR = Manager
MGRM = Managing Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGRM	PHILIP V. AUCIELLO	5409 PALM AIRE DR. SARASOTA, FL 34243	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
MGRM	PHILIP V. AUCIELLO, TRUSTEE	5409 PALM AIRE DR. SARASOTA, FL 34243	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
MGRM	ERIC AUCIELLO	1003 SILVER PALM WAY APOLLO BEACH, FL 33572	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
MGRM	KRISTEN WALKER	31 STANDISH RD. ATTLEBORO, MA 02703	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove

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

Dated _____


Signature of a member or authorized representative of a member
PHILIP AUCIELLO, TRUSTEE
Typed or printed name of signee

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TALLAHASSEE, FLORIDA