

L09000094834

Florida Department of State  
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From:

Account Name : DRUMMOND WEHLE & ROSS LLP  
Account Number : F20050000133  
Phone : (813) 983-8000  
Fax Number : (813) 983-8001

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LLC AMND/RESTATE/CORRECT OR M/MG RESIGN  
ARTISAN OPERATIONS, LLC

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A. LUNT  
JUL - 9 2010  
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Drummond Wehle & Ross, LLP.

(FAX)813 983 8001

P.002/004

### COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: Artisan Operations, 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:

Temple H. Drummond, Esq.

Name of Person

Drummond Wehle & Ross LLP

Firm/Company

6987 East Fowler Avenue

Address

Tampa, Florida 33617

City/State and Zip Code

temple@dwrfirm.com

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

For further information concerning this matter, please call:

Temple H. Drummond, Esq.

Name of Person

at ( 813 )

983-8000

Area Code & Daytime Telephone Number

Enclosed is a check for the following amount:

☒ \$25.00 Filing Fee

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☐ \$55.00 Filing Fee &  
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(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

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

Artisan Operations, 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 10/1/2009 and assigned  
Florida document number L09000094834

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.*

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If Changing Registered Agent, Signature of New Registered Agent

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P. 004/004

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	Kirk R. Malone	11563 57th Street Circle East Parrish, FL 34219	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
MGRM	Matthew Longenecker	11563 57th Street Circle East Parrish, FL 34219	<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
			<input 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 July 8, 2010.

Temple H. Drummond authorized agent  
Signature of a member or authorized representative of a member

Temple H. Drummond, Esq.

Typed or printed name of signee

Page 2 of 2

Filing Fee: \$25.00

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