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SECRETARY OF STATES
TALLAHASSEE. FLORID.

D. BRUCE

NOV 2 5 2009

**EXAMINER** 

## **COVER LETTER**

TO: Registration Section  Division of Corporations
SUBJECT: CRACKER PROPERTIES GROUP 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:
MITCHELL V. CARTER JR Name of Person
CRACKER PROPERTIES GROUP LLC Firm/Company
12016 Matlacha Blvd Address
Matlacha   sles, Fl 33991   PER NOV 21   City/State and Zip Code   Matlacha mitch @ g mail . Contact   Con
City/State and Zip Code  Matlachamitch a gmail. Control E-mail address: (to be used for future annual apport notification)  For further information concerning this matter, please call:
For further information concerning this matter, please call:
MITCHELL V, CARTER at (239 283 - 6410 BH 33 Name of Person Area Code & Daytime Telephone Number
Enclosed is a check for the following amount:
\$25.00 Filing Fee Solution Filing Fee Solution Filing Fee Solution Fee Fee Fee Fee Fee Fee Fee Fee Fee Fe

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

CRACKER PROPERTIES GROUP LLC

(Name of the Limited Liability Company as it now appears on our records.)

(A Florida Limited Liability Company)

(A Fiorida Limited Liability Con	npany)					
The Articles of Organization for this Limited Liability Company were filed	on <u>OCT</u>	7,2009	and assi	igned		
Florida document number <u>1 090000 9 70.6 7</u> This amendment is submitted to amend the following:						
The new name must be distinguishable and end with the words "Limited Liability "L.L.C."	Company," the	e designation "LLC"	or the a	bbreviation		
Enter new principal offices address, if applicable:		Ž <sub>0</sub>				
(Principal office address MUST BE A STREET ADDRESS)		> # = # = # = # = # = # = # = # = # = #	2	<u> </u>		
	*****	ASS X	2			
		Ü.	; 2 <b>2</b>	m		
Enter new mailing address, if applicable:		<u></u>	· 15			
(Mailing address MAY BE A POST OFFICE BOX)						
B. If amending the registered agent and/or registered office address registered agent and/or the new registered office address here:	ss on our red	cords, <u>enter the</u>	name of	f the new		
Name of New Registered Agent:	· · · · · · · · · · · · · · · · · · ·					
New Registered Office Address:						
	Enter Flo	rida street address				

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.

City

If Changing Registered Agent, Signature of New Registered Agent

Zip Code

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:

iic.	Name Address		Type of Action	
			Add Remove	
			Add Remove	
			Add Remove	
<del></del>			Add Remove	
<del></del>			Add Remove	
	A		Add Remove	
		change(s) here: (Attach additional sheets, i	(necessary)	
	Please add as Director:  Beverly J. Allen  11066 Matlacha AVE		FILI 09 NOV 24 SCURE TARY TALLAHASSE	
ed .	Matlacha 11-19-09	, FL 33993.	PH IS: 33 OF STATE E. FLORIDA	
<del> </del>	Niguratorio di a	nomina or anthorized representative of a member	ar .	

Page 2 of 2

Filing Fee: \$25.00