## L09000097067

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(Ad	dress)		
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DIVISION OF CORPORATIONS

JUN - 5 2012' **T. HAMPTON** 

## **COVER LETTER**

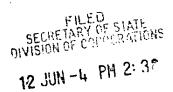
TO: Registration Section Division of Corporations				
SUBJECT: CRACKER PROPERTIES GROUP LLC				
THE STATE OF THE S				
The enclosed Articles of Amendment and fee(s) are submitted for filing.				
Please return all correspondence concerning this matter to the following:				
MITCHELL V. CARTEN. Name of Person				
CRACKER PROPERTIES GROUP LLC				
12016 MATLACHU BLUD Address				
MATCACHA ISLES, FL. 33991  City/State and Zip Code  MATCACHA MITCH & GHAIC. Co M  E-mail address: (to be used for future annual report notification)				
For further information concerning this matter, please call:				
MITCHELL V CARTEN at 239, 989-6842  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  Certificate of Status (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



Jr 、

CRACKEN PROPERTIES GROUP LLC

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

(A Florida Limited Liability Company)

Florida document number <u>L 09</u>0000 9 70.67 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

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

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>	Address	Type of Action	
MGR	BARBARA JCARTER	12016 MATLACHA BLVD MATCACHA ISLET, FL 33991	Add Remove	
			Add Remove	
			Add Remove	
			Add Remove	
- Pro-Primary			Add Remove	
			Add Remove	
D. If amen	ding any other information, enter change(	s) here: (Attach additional sheets, if necessary.)	SECRETARY OF SURFEWS NIVISION OF COMMENTS 12 JUN -4 PM 2: 35	
Dated	6-1-12			
	MITO	r authorized representative of a member  CHEL V. CARTEL  r printed name of signee		

Page 2 of 2

Filing Fee: \$25.00