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C. LEWIS

SEP 2 7 2010

EXAMINER

COVER LETTER

Te: Registration Section Division of Corporations
SUBJECT: ABSHER ENTERPRISES 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:
RICKIE ABSHER
Name of Person
HBSHER ENTERPRISES LLC
Firm/Company
8443 STOCKS RD.
Address
JACKSONVILLE, FL 32219 City/State and Zip Code
City/State and Zip Code
E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
PICKIE ABSHEL at (904) 334-8308
PICKIE ABSHEL at (904) 334-8308 Name of Person Area Code & Daytime Telephone Number
Enclosed is a check for the following amount:
\$25.00 Filing Fee \$\ \text{Certificate of Status}\$\$ \$55.00 Filing Fee \$\ \text{Certified Copy}\$ (additional copy is enclosed) \$\ \text{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



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			fair on -		
ABSHER EN (Name of the Limited L) (A F	MERPRISES	LLC	SECRETARY.	OF STATE	
(<u>Name of the Limited L</u> (A F	iability Company as it n Iorida Limited Liability (ow appears of	n our records) 455C	2 C alting	
(***		· - · · · · · · · · · · · · · · · · · ·			
The Articles of Organization for this Limited Lial		ed on(o	-15-2009	and assigned	
Florida document number L090000995	<u> 70</u>				
This amendment is submitted to amend the follow	ving:				
A. If amending name, enter the new name of t	he limited lighility con	inany here			
The manufacture new name of the	ne mines money con	party nere.			
The new name must be distinguishable and end with	the words "Limited Liabi	lity Company	" the designation "LLC	" or the abbreviation	
"L.L.C."		,,			
Enter new principal offices address, if applical	ole:				
(Principal office address MUST BE A STREET	ADDRESS)				
Enter new mailing address, if applicable:					
(Mailing address MAY BE A POST OFFICE B	<i>0X</i>)				
					
B. If amending the registered agent and/or		ress on our	records, enter the	name of the new	
registered agent and/or the new registered office	<u>ce address here</u> :				
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 Type of Action Title Name 1 **Address** MGRM DOFFIS ABSHER JR. 219 SAWTA BARBARA AVE Add JACKSONVILLE, FL Remove MGRM RYAN T. BRYANT 8443 STOCKS RD JACKSONVILLE FL ☐ Add Remove Add Remove \square Add Remove Add Remove D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) Dated September Signature of a member of authorized representative of a member PICKIE J. ABSHELL Typed or printed name of signee

Page 2 of 2

Filing Fee: \$25.00