## L09000106210

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J. BRYAN

APR 27 2011

**EXAMINER** 

## LATHROP & GAGELLP

SHEILA D. BARCOMB

DIRECT LINE: 417.877.5932

EMAIL: SBARCOMB@LATHROPGAGE.COM

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1845 S. NATIONAL AVE. P.O. Box 4288

SPRINGFIELD, MISSOURI 65808-4288

PHONE: 417.886.2000 Fax: 417.886.9126

April 21, 2011

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

Re:

Document No. L09000106210

Got Destiny, L.L.C.

Dear Sir or Madam:

I have enclosed the following documents for processing:

- 1. Cover Letter;
- 2. Articles of Amendment to Articles of Organization; and
- 3. a check in the amount of \$30.00.

Thank you for your assistance with this matter.

Very truly yours,

LATHROP & GAGE LLP

Sheila D. Barcomb

Paralegal

Enclosures

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CALIFORNIA

COLORADO

ILLINOIS

KANSAS

**MISSOURI** 

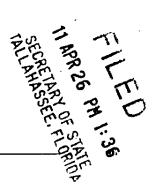
**NEW YORK** 

## **COVER LETTER**

TO: Registration Division of C	Section Corporations		
SUBJECT:	Got De	estiny, L.L.C.	
		ted Liability Company	超之下
		•	TERE TO THE
The enclosed Articles	of Amendment and fee(s) are sub	omitted for filing.	5,7
Please return all correspondence concerning this matter		to the following:	HAPR 26 PH 1:36
		James F. McLeod	ORITE ORITE
		Name of Person	
	La	athrop & Gage, L.L.P.	
		Firm/Company	
		845 S. National Ave.	
		Address	
	S	pringfield, MO 65804	
		City/State and Zip Code	<del></del>
	jmc E-mail address: (	leod@lathropgage.com to be used for future annual report notifica	tion)
For further informatio	n concerning this matter, please of	•	,
	James McLeod	at ( 417 ) 8	86-2000
Nam	e of Person	Area Code & Daytime	Celephone Number
Enclosed is a check for	or 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)
Reg	ILING ADDRESS: istration Section	STREET/COURIE  Registration Section  Division of Corporate	

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF



Got Destiny, L.L.C.

(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 Lial	bility Company were filed on _	November 4, 2009	and assigned
Florida document numberL090001062	210		
This amendment is submitted to amend the follow	ving:		
A. If amending name, enter the new name of t	he limited liability company l	<u>here</u> :	
The new name must be distinguishable and end with "L.L.C."	the words "Limited Liability Cor	npany," the designation "LLC	" or the abbreviation
Enter new principal offices address, if applical	ble:		
(Principal office address MUST BE A STREET	ADDRESS)		
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE B	<u></u>		
B. If amending the registered agent and/or registered agent and/or the new registered office		n our records, <u>enter the</u>	name of the nev
Name of New Registered Agent:			
New Registered Office Address:			
	Enter Florida street address		
		, Florida	
	City	2	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 **Address** Title Name Trinity Trust MGRM 2420 W. Brandon Blvd., # 137 ☐ Add Branson, FL 33511 Remove W. Scott Garner Dr. MGRM 2420 W. Brandon Blvd., #137 Branson, FL 33511 **∇** Remove MGRM Sara Garner 2420 W. Brandon Blvd., #137 ☐ Add Bransdon, FL 33511 W. Scott Garner MGR 9907 Cypress Shadow Ave. Tampa, FL 33647 Remove Gloria Sara Garner MGR 9907 Cypress Shadow Ave. Remove Tampa, FL, 33647 ∏Add Remove D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) Signature of a member or authorized representative of a member W. Scott Garner Typed or printed name of signee

Page 2 of 2

Filing Fee: \$25.00