L09000116819

Division of Corporations

Fax Audit No: (((H09000261255 3)))

Florida Department of State

Division of Corporations

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To:

Division of Corporations
Fax Number : (850)617-6383

From:

Account Name : MURAI, WALD, BIONDO, MORENO, P.A.
Account Number : 076150002103
Phone : (305)444-0101
Fax Number : (305)444-0174

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email Address: _____

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FORT DRUM HOLDING COMPANY, LLC

Certificate of Status	0
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J. BRYAN

DEC 21 2009

EXAMINER

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Fax Audit No: (((H09000261255 3)))

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: FORT DRUM HOLDING COMPANY, 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:

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

BRANDON BIONDO, ESQ.
Name of Person

MURAI WALD BIONDO & MORENO, P.A.
Firm/Company

1200 PONCE DE LEON BLVD
Address

CORAL GABLES, FL 33134
City/State and Zip Code

JGROBELNY@MWBM.COM
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

JENNIFER GROBELNY at (305) 444-0101
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 ☐ $35.00 Filing Fee & Certified Copy (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

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ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF

FORT DRUM HOLDING COMPANY, LLC
(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

The Articles of Organization for this Limited Liability Company were filed on DECEMBER 8, 2009 and assigned Florida document number L09000116819.

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 Agents:

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

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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

Title	Name	Address	Type of Action
MGR	SALVADOR LECCESE	650 S NORTHLAKE BLVD SUITE 450 ALTAMONTE SPRINGS, FL 32701	☐ Add ☑ Remove
MGR	JACQUELINE LECCESE	650 S NORTHLAKE BLVD SUITE 450 ALTAMONTE SPRINGS, FL 32701	☐ Add ☑ Remove
MGRM	SALVADOR LECCESE	650 S NORTHLAKE BLVD SUITE 450 ALTAMONTE SPRINGS, FL 32701	☑ Add ☐ Remove
MGRM	JACQUELINE LECCESE	650 S NORTHLAKE BLVD SUITE 450 ALTAMONTE SPRINGS, FL 32701	☑ Add ☐ Remove
MGRM	ANDREW D. LECCESE	650 S NORTHLAKE BLVD SUITE 450 ALTAMONTE SPRINGS, FL 32701	☑ Add ☐ Remove
			☐ Add ☐ Remove

D. If amending any other information, enter change(s) here: *(Attach additional sheets, if necessary.)*

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Dated DECEMBER 18 2009

Signature of a member or authorized representative of a member

Salvador F. Leccese
Typed or printed name of signee

Filing Fee: $25.00

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