

L10000012807

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SECRETARY OF STATE
DIVISION OF CORPORATIONS
12 JUN 18 PM 3:16

JUN 19 2012

T. HAMPTON

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: TED ARMSTRONG, 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:

TED L ARMSTRONG

Name of Person

TED L ARMSTRONG, LLC.

Firm/Company

4507 68TH ST W APT C

Address

BRADENTON, FL 34210

City/State and Zip Code

MARKISINSURANCE@TAMPABAY.RR.COM

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

MIKE MARQUEZ

Name of Person

at (**941**)

747-6822

Area Code & Daytime Telephone Number

Enclosed is a check for 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)

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**

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

12 JUN 18 PM 3:17

TED ARMSTRONG, LLC.

(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 Liability Company were filed on 02/03/2010 and assigned
Florida document number L10000012807.

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)

4507 68TH ST W APT C

BRADENTON, FL 34210

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

4507 68TH ST W APT C

BRADENTON, FL 34210

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:

MAR/KIS INSURANCE AGENCY, INC.

New Registered Office Address:

1901 9TH STREET W SUITE B

Enter Florida street address

BRADENTON

City

, Florida

34205

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

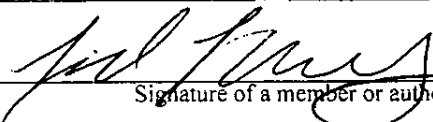
If amending the Managers or Managing Members on our records, enter the title, name, and address of each Manager or Managing Member being added or removed from our records:

MGR = Manager
MGRM = Managing Member

| <u>Title</u> | <u>Name</u> | <u>Address</u> | <u>Type of Action</u> |
|--------------|---------------------|--|--|
| MGR | TED L ARMSTRONG | 4507 68TH ST W APT C BRADENTON, FL 34210 (UPDATE ONLY) | <input type="checkbox"/> Add <input type="checkbox"/> Remove |
| MGRM | GLYNN M. BERMINHAM | 4507 68TH ST W APT C BRADENTON, FL 34210 | <input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove |
| MGRM | NATHANIEL S. DODSON | 4507 68TH ST W APT C BRADENTON, FL 34210 | <input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove |
| MGRM | WILLIE W. FOX II | P.O. BOX 393 ONECO, FL 34264 | <input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove |
| | | | <input type="checkbox"/> Add <input type="checkbox"/> Remove |
| | | | <input type="checkbox"/> Add <input type="checkbox"/> Remove |

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

Dated _____



Signature of a member or authorized representative of a member
TED ARMSTRONG - MANAGER

Typed or printed name of signer

PAID
SECRETARY OF STATE
DIVISION OF CORPORATIONS
12 JUN 18 PM 3:16