

L10 0000 13267

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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MAIL

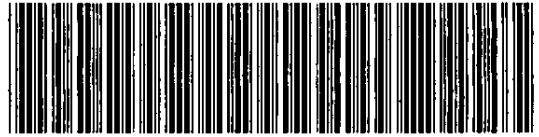
(Business Entity Name)

(Document Number)

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2010 MAR 19 AM 8:59
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

T. CLINE

MAR 22 2010

EXAMINER



FLORIDA DEPARTMENT OF STATE
Division of Corporations

March 9, 2010

PHIL HAMILTON
PO BOX 921
INDIAN ROCKS BEACH, FL 33785

SUBJECT: SUMTER TRUST, LLC
Ref. Number: L10000013267

We have received your document for SUMTER TRUST, LLC and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

You have submitted two separate forms each has a filing fee of \$25.00. You can submit the amendment form and make all your changes in the one form for \$25.00.

We are enclosing the proper form(s) with instructions for your convenience.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6020.

Tammi Cline
Regulatory Specialist II

Letter Number: 310A00005808

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TALLAHASSEE, FLORIDA

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COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: SUMTER TRUST, 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:

Phil Hamilton

Name of Person

Sumter Trust, LLC.

Firm/Company

P.O. Box 921

Address

Indian Rocks Beach, FL 33785

City/State and Zip Code

Fla.action@verizon.net

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

For further information concerning this matter, please call:

Diane Hamilton

Name of Person

at (727) 422-3054

Area Code & Daytime Telephone Number

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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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**

Sumter Trust, 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 Feb. 4th, 2010 and assigned Florida document number L10000013267

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

(Same)

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)

6386 CR 476
Bushnell, Fla. 33513

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

P.O. Box 921
Indian Rocks Beach, FL 33785

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:

Phil Hamilton

New Registered Office Address:

P.O. Box 421 6386 CR 476

Enter Florida street address

Bushnell
City

Florida

33513
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.

Phil Hamilton
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	Diane Hamilton	512 20 th Ave Indian Rocks Beach, FL. 33785	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove
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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FILED

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

Dated 3/10, 2010

Diane Hamilton
Signature of a member or authorized representative of a member

Diane Hamilton
Typed or printed name of signer