L1000013703

(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:

Office Use Only



400217652804

01/11/12--01020--006 **25.00

TOTAN II AHII:21

D. BRUCE
JAN 1 2 2012
EXAMINER

COVER LETTER

TO: Registration Sect Division of Corpo		
SUBJECT: <u>Socto</u>	Z AND EVERSAUGH LLC Name of Limited Liability Company	_
The enclosed Articles of A	mendment and fee(s) are submitted for filing.	
Please return all correspond	dence concerning this matter to the following:	
	LUKE TEVETSAUGH Name of Person	_
	TEVETSAUGH LLC Finn/Company	_
	S6 47 BEAR STONE RUN Address Oviedo FL, 32765 City/State and Zip Code	
	Address	7
	Oviedo, FL, 32765	FILED 12 JAN II MII: 2 12 JAN II MII: 2 14 JAN SSEE, FLORII
	City/State and Zip Code	
	E-mail address: (to be used for future annual report notification)	
For further information con	ncerning this matter, please call:	FILED 12 JAN II AM II: 21 34 SECRARY OF STATE ALLAHASSEE, FLORIDA
LUKE TEVERS	at (407) 970 - 7048 Person Area Code & Daytime Telephone Num	ıber
Enclosed is a check for the	following amount:	
∑ \$25.00 Filing Fee	Certificate of Status Certified Copy Certificate of Status (additional copy is enclosed) Certificate of Status	Filing Fee, icate of Status & ied Copy ional 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

(Name of the Limited Liab (A Flor	lity Company as it now annears on	our records		
(A Flor	da Limited Liability Company)	our records.		
The Articles of Organization for this Limited Liability Florida document number <u>L10000013</u>		04/2010 and assigned		
This amendment is submitted to amend the following	:			
A. If amending name, enter the new name of the	imited liability company here:			
TEVEBAUGH LLC				
The new name must be distinguishable and end with the "L.L.C."	words "Limited Liability Company,"	the designation "LLC" or the abbreviation		
Enter new principal offices address, if applicable:	SAME			
(Principal office address MUST BE A STREET AL	DRESS)	产产 7		
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	SAME	FILED AND STATE AND		
B. If amending the registered agent and/or re registered agent and/or the new registered office a		ecords, enter the name of the nev		
Name of New Registered Agent:	RNEST LUKE TEVET	BAUGH		
New Registered Office Address: 50	5647 BEAR STONE RUN (DieDo, FL 32765) Enter Plorida street address			
_	ONEDO	, Florida <u>32765</u>		
Naw Pagistared Agent's Signature, if shanging Pagist	City	Zip Code		
INDU MODISTAPOR AGONT'S NIGHTER OF CHANGING PAGIST	red agent.			

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, <u>enter the title, name, and address of each Manager or Managing Member being added or removed from our records</u>:

MGR = Manager MGRM = Managing Member						
<u>Title</u>	<u>Name</u>	Address	Type of Action			
AR MC	RMFADY BOCTOR	726 Bear Creek C:r Winter Springs, FL 32708	Add Remove			
Air MC	GRM MGUSSA BOCTOR	726 Bear Creek Cir Winter Springs, FL 32708	Add ☐ Remove			
			Add Remove			
			Add Remove			
			Add Remove			
			Add Remove			
D. If amen	ding any other information, enter cha	inge(s) here: (Attach additional sheets, if necessary	12 JANII L			
— Dated <u>0</u> [1/08 JAN 08 J	ber or authorized representative of a member	vi 			
		VKE LEVE IS AUGH ped or printed name of signee				

Page 2 of 2

Filing Fee: \$25.00