

# L100000036703

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(Requestor's Name)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

\_\_\_\_\_  
(Business Entity Name)

\_\_\_\_\_  
(Document Number)

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

N. Culligan DEC 14 2012

## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: TRAVIS LICENSE PARTNERS 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:

ROBERT T. TOUCHTON  
Name of Person

TRAVIS LICENSE PARTNERS LLC  
Firm/Company

9330 OLMSTEAD DR.  
Address

LAKE WORTH, FL. 33467  
City/State and Zip Code

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

For further information concerning this matter, please call:

ROBERT TOUCHTON at (561) 459 5038  
Name of Person Area Code & Daytime Telephone Number

Enclosed is a check for the following amount:

- |  |  |  |  |
|--|--|--|--|
| <input checked="" type="checkbox"/> \$25.00 Filing Fee | <input type="checkbox"/> \$30.00 Filing Fee &<br>Certificate of Status | <input type="checkbox"/> \$55.00 Filing Fee &<br>Certified Copy<br>(additional copy is enclosed) | <input type="checkbox"/> \$60.00 Filing Fee,<br>Certificate of Status &<br>Certified Copy<br>(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



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

November 14, 2012

ROBERT T. TOUCHTON  
9330 OLDMSTEAD DRIVE  
LAKE WORTH, FL 33467

SUBJECT: TRAVIS LICENSE PARTNERS L.L.C.  
Ref. Number: L10000036703

We have received your document for TRAVIS LICENSE PARTNERS L.L.C. 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 must insert the letters "MGRM" beside the name and address of each managing member and/or the letters "MGR" beside the name and address of each manager listed in the document.

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) 245-6051.

Neysa Culligan  
Regulatory Specialist II

Letter Number: 812A00027534

ARTICLES OF AMENDMENT  
TO  
ARTICLES OF ORGANIZATION  
OF

FILED  
2012 DEC 14 PM 2:48  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

TRAVIS LICENSE PARTNERS 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 04/05/2010 and assigned  
Florida document number L 10000036703

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 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>
	<del>CARLINE CLERGE-LEGER</del>	<del>1920 PALM BEACH LAKES BLVD.</del>	<input checked="" type="checkbox"/> Add
		<del>#217</del>	
		<del>WILST PALM BEACH, FL 33409</del>	<input type="checkbox"/> Remove
	<del>DAVID URBACH</del>	<del>14306 LAKEWOOD HATS BLVD.</del>	<input checked="" type="checkbox"/> Add
		<del>LAKEWOOD, OH, 44107</del>	<input type="checkbox"/> Remove
MGRM	ROBERT TRAVIS TOUCHTON	9330 OLIVESTAD DR.	<input type="checkbox"/> Add
		LAKE WORTH, FL, 33467	<input type="checkbox"/> Remove
			<input 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.)

ADD MEMBERS: CARLINE CLERGE-LEGER  
1920 PALM BEACH LAKES BLVD. #217  
WEST PALM BEACH, FL. 33409  
DAVID URBACH  
14306 LAKEWOOD HGT BLVD.  
LAKEWOOD, OH. 44107

Dated NOVEMBER 9, 2012.

Robert Touchton

Signature of a member or authorized representative of a member

ROBERT TOUCHTON

Typed or printed name of signee

Page 3 of 3

Filing Fee: \$25.00

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TALLAHASSEE, FLORIDA