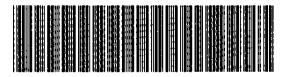
## L10000097023

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SECRETARY OF STATE
SECRET

J. BRYAN

SEP - 7 2011

**EXAMINER** 

## **COVER LETTER**

TO:

TO:	Registration S Division of Co			
SUBJI	ECT:	ANTIQUES	S AND MORE, LLC	
50501	\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	`	ited Liability Company	
The en	alosed Articles of	f Amendment and fee(s) are su	hmitted for filing	
		ondence concerning this matter	-	
			HERRALL HILL	
			Name of Person	
		ANT	IQUES AND MORE, LLC	
			Firm/Company	Si vy Si
	3093 MAIN ST		SEP FI	
			Address	12 P L
		CC	OTTONDALE, FL 32431	P. 2: 24
		r	City/State and Zip Code	5.74 S.10 S.10 S.10 S.10 S.10 S.10 S.10 S.10
		E-mail address: (	to be used for future annual report notific	
For fur	ther information of	concerning this matter, please of	call:	
	Jo	ohnny Rister	at ( 850 ) 3	352-4050
	Name o	of Person	Area Code & Daytime	Telephone Number
Enclose	ed is a check for t	he 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		ration Section on of Corporations ox 6327	STREET/COURIE Registration Section Division of Corpora Clifton Building 2661 Executive Cen Tallahassee, FL 3236	tions ter Circle

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

## ANTIQUES AND MORE, 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 09/16/2010 and assigned L10000097023 Florida document number 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" "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

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.

City

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 Title Address Type of Action Name MGR DEBRA BUSH 1860 GILBERTS MILL RD ☐ Add Remove ALFORD FL 32420 US MGR SHELIA HILL 2518 HWY 90 ✓ Add COTTONDALE, FL 32431 Remove  $\prod Add$ ☐ Remove Remove □Add Remove  $\square$ Add Remove D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) **AUGUST 31** 2011 Dated Signature of a member or authorized representative of a member Typed or printed name of signee

Page 2 of 2

Filing Fee: \$25.00