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(Business Entity Name)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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Registered agent's address corrected. A P.O. Box was designated in the amendment, which is not permissible; a street address has been provided and updated.

SPT 2-15-13

B. BOSTICK

DEC 10 2012

EXAMINER

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: ABSOLUTE ENTERPRISES OF CENTRAL FLORIDA 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:

FRANK W. NICHOLSON III

Name of Person

Firm/Company

P.O. BOX 3171

Address

OCALA, FL. 34471-3171

City/State and Zip Code

FRANKIE@SUNKOOLAC.COM

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

For further information concerning this matter, please call:

FRANK W. NICHOLSON III at **352 622-1067**

Name of Person

Area Code & Daytime Telephone Number

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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**

ABSOLUTE ENTERPRISES OF CENTRAL FLORIDA, 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 9/16/2010 and assigned Florida document number L10000099268.

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)

530 NE 14TH ST.
OCALA, FL. 34470

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

P.O. BOX 3171
OCALA, FL. 34470

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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: _____

238 NE 13TH ST.

Enter Florida street address

OCALA

Florida

2012

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>
_____	_____	_____	<input type="checkbox"/> Add
_____	_____	_____	<input type="checkbox"/> Remove
_____	_____	_____	<input type="checkbox"/> Add
_____	_____	_____	<input type="checkbox"/> Remove
_____	_____	_____	<input type="checkbox"/> Add
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_____	_____	_____	<input type="checkbox"/> Remove

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

REGISTERED AGENT AND MEMBER FRANK

NICHOLSON III ADDRESS NEEDS TO BE CHANGED

TO P.O. BOX 3171, OCALA, FL. 34478-3171

Dated NOVEMBER 28, 2012



Signature of a member or authorized representative of a member

FRANK NICHOLSON III

Typed or printed name of signee

Page 3 of 3

Filing Fee: \$25.00

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