10000099976

(Danuachela Nassa)				
(Requestor's Name)				
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(City/State/Zip/Phone #)				
PICK-UP WAIT MAIL				
(Decision Fath Mann)				
(Business Entity Name)				
(Document Number)				
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EXAMINER

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DEPARTMENT OF STATE

DIVISION OF CORPORATION

10 DEC 28 AN IN: 58
SECRETARY OF STATE

COVER LETTER

TO:

Registration Section

Division of Corporations				
SUBJECT:	Gainesvil	le Stimulus Fund		
SUBJECT.	Name of Limited Liability Company			
	Amendment and fee(s) are sub	_		
	Melissa Oglesby			
	Name of Person			
		Firm/Company		
•	1114 Thomasville Road Suite E2			
	Address			
	Tallahassee, FL 32303			
		City/State and Zip Code		
	E-mail address: (to be used for future annual report r	notification)	
For further information c	oncerning this matter, please of	eall:		
	issa Oglesby	at (<u>850</u>)	567-2425	
Name of Person Area Code & Day		ytime Telephone Number		
Enclosed is a check for the	ne following amount:			
\$25.00 Filing Fee	\$30.00 Filing Fee & Certificate of Status	\$55.00 Filing Fee & Certified Copy (additional copy is enclo	\$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)	
Registr Divisio P.O. Bo	ING ADDRESS: ation Section n of Corporations ox 6327 ssee, FL 32314	STREET/COU Registration Se Division of Cou Clifton Buildin 2661 Executive Tallahassee, FL	rporations g c Center Circle	

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Gainesville Stime	
(<u>Name of the Limited Liability Company as</u> (A Florida Limited Liabil	s it now appears on our records.)
(**************************************	,
The Articles of Organization for this Limited Liability Company wer	e filed on September 24, 2010 and assigned
Florida document numberL10000099976	
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liability	company here:
Gainesville Stimulus	· ·
The new name must be distinguishable and end with the words "Limited L"L.L.C."	ciability Company," the designation "LLC" or the abbreviation
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 registered agent and/or the new registered office address here:	address on our records, enter the name of the new
Name of New Registered Agent:	
New Registered Office Address:	
	Enter Florida street address:
	, Florida SS
Cit	ry Zip Gode
New Registered Agent's Signature, if changing Registered Agent:	
I hereby accept the appointment as registered agent and agree to	<u> </u>
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 provi	ided for in Chapter 608, F.S. Or, if this document is
being filed to merely reflect a change in the registered office addi company has been notified in writing of this change.	ress, I nereby confirm indi the limited tiability

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

<u> Citle</u>	<u>Name</u>	Address	Type of Actio
<u> </u>			Add
			Remove
			☐ Add
			Remove
			□ Domova
			Add Remove
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			Remove
If amou	din		
. n amen	uing any other information, en	ter change(s) here: (Attach additional she	eets, if necessary.)
			
			
			
-			
ated	December 28	, <u>2010</u> .	
		() 0.5	
	Signature of	a member of authorized representative of a m	ember
	Signatule of		CHIOCI
		Melissa Oglesby	

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Filing Fee: \$25.00