## Florida Department of State Division of Corporations Electronic Filing Cover Sheet

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(((H12000296238 3)))



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To:

Division of Corporations

Fax Number

: (850)617-6383

From:

Account Name : DEAN, MEAD, EGERTON, BLOODWORTH, CAPOUANO & BOZARTH, P.A.

Account Number : 076077001702

: (407)841-1200 Phone

: (407) 423-1831 Fax Number

\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\*

Email Address: russell.spivey@flaglertrust.com

## LLC AMND/RESTATE/CORRECT OR M/MG RESIGN FLAGLER TRUST, LLC

Certificate of Status	0
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CRD 031600/057647

Electronic Filing Menu

Corporate Filing Menu

DEC 1 9 2012

T. HAMPTON

12/18/2012 15:01 FAX 4074231831	DEAN MEAD ORLANDO	: ₁¹
	(((H12000296238 3)))	
ARTI	CLES OF AMENDMENT	7 69
i	TO	R W
ARTIC	CLES OF ORGANIZATION	<b></b> 活影性
	OF	<b>조 조취</b>
	FLAGLER TRUST, L	
(Name of the Limited L (A F	iability Company as it now appears or forida Linuted Liability Company)	Tont recorde
The Articles of Organization for this Limited Liab	bility Company were filed on 09/27	7/2010 and assigned
This amendment is submitted to amend the follow	ving:	
A. If amending name, enter the new name of t	the limited liability company here:	
Flagler Trust Holdings, LLC		
The new name must be distinguishable and end with "L.L.C."	the words 'Limited Liability Company,'	the designation "LLC" or the abbreviation
Enter new principal offices address, if applica	ble:	
(Principal office address MUST BE A STREET	ADDRESS)	
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE B	<u> </u>	
* :	<u> </u>	
1 :		
B. If amending the registered agent and/or registered agent and/or the new registered offi		records, enter the name of the nev
Name of New Registered Agent:	•	
New Registered Office Address:	Futan	Florida street address
	Erner 1	- in the Thesi attaces
		, Florida
	Clty	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

Page 1 of 3

(((H12000296238 3)))

If amending or <u>Managin</u> MGR = Ma	g Member being added or removed fro	DEAN MEAD ORLANDO (H12000296238 3))) s on our records, <u>enter the title, name, and a</u> om our records:	Ø 003 ddress of each Manager
Title	Name	Address	Type of Action
MGRM	H. Russell Spivey, Jr.	503 N Interlachen	Add
		Unit 7	Remove
		Winter Park, FL 32789	
, 			Add
	• •		Remove
:	( )		Add
,			Remove
	i l		
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## 8: da.

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18/2012 15:01 FAX 4074231831	DEAN MEAD ORLANDO	
	(((H12000296238 3)))	
I amending any other information, ent	ter change(s) here: (Attach additional sheets, if necessary,)	
1		
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,		
December 17	2012	
	Kull &	
	a member or authorized representative of a member	
H. Russell Spive	y, Jr., Managing Member	
	Typed or printed name of signee	

Filing Fee: \$25.00