

U 0000132126

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

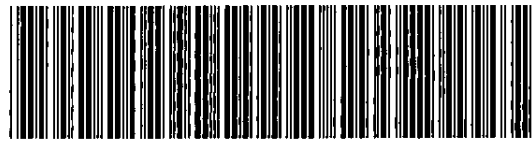
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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T. CLINE
JUL 20 2011
EXAMINER



7512 Dr Phillips Blvd
Suite 50-502
Orlando, Florida, 32819

T: 407 325 2111
F: 407 442 0762

Monday, 18 July 2011

Division of Corporations
Registration Section
Clifton Building
2661 Executive Center Circle
Tallahassee, Florida, 32301

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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Thank you for taking the time to speak with me earlier today. I have completed the forms as instructed, To clarify, Map Orlando LLC currently has one Registered Owner / Managing Member, Donald Paterson.

And, we would like to amend as follows:-

Registered Name & MGRM	David Briley
MGR	John Russell
MGR	Donald Paterson

All addresses to remain as 7512 Dr. Phillips Blvd, Suite 50-502, Orlando, Florida, 32819.

I have enclosed a check for \$25.00 which I understand covers all amendments made on the one form enclosed,

I look forward to seeing the changes updated.
Thank you for your time.
David Briley

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: MAP ORLANDO 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:

DAVID BRILEY

Name of Person

MAP ORLANDO LLC

Firm/Company

7512 OR PHILLIPS BLVD #50-502

Address

ORLANDO, FLORIDA, 32819

City/State and Zip Code

DAVE@GAINMAKERPROPERTIES.COM

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

For further information concerning this matter, please call:

DAVID BRILEY

Name of Person

at (407) 325 2111

Area Code & Daytime Telephone Number

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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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**

MAP ORLANDO 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 1/1/2011 and assigned
Florida document number L10000132126.

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: DAVID BRILEY

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>
<u>MERM</u>	<u>DJB Developments LLC</u>	<u>7512 OR PHILLIPS BLVD</u> <u>#50-502, ORLANDO</u> <u>FLORIDA, 32819</u>	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
<u>MGR</u>	<u>JOHN RUSSELL</u>	<u>7512 OR PHILLIPS BLVD</u> <u>#50-502, ORLANDO</u> <u>FLORIDA, 32819</u>	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
<u>MGR</u>	<u>DONALD PATERSON</u>	<u>7512 OR PHILLIPS BLVD</u> <u>#50-502, ORLANDO</u> <u>FLORIDA, 32819</u>	<input checked="" type="checkbox"/> Add <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
_____	_____	_____	<input type="checkbox"/> Add <input type="checkbox"/> Remove

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JUL 18 2011
PM 12:33
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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

Dated 18 JULY, 2011.

Signature of a member or authorized representative of a member
DAVID BRILEY

Typed or printed name of signee