

L11000002191

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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(Business Entity Name)

(Document Number)

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

2011 FEB -3 PM 4:00

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J. SAULSBERRY  
EXAMINER

FEB 04 2011

TO: Registration Section  
Division of Corporations

SUBJECT: Majority Third 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:

William Gibbs

Name of Person

Majority Third LLC

Firm/Company

65 Tallwood Road

Address

Jacksonville Beach, FL 32250

City/State and Zip Code

wes@majoritythird.com

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

For further information concerning this matter, please call:

William Gibbs

Name of Person

at ( 904 )

687-5152

Area Code & Daytime Telephone Number

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

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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**TO  
ARTICLES OF ORGANIZATION  
OF**

**Majority Third 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 1/6/2011 and assigned Florida document number L11000002191.

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)**

65 Tallwood Road

Jacksonville Beach, FL 32250

Enter new mailing address, if applicable:

**(Mailing address MAY BE A POST OFFICE BOX)**

65 Tallwood Road

Jacksonville Beach, FL 32250

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TALLAHASSEE, FLORIDA

**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*

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**

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>  |
|--------------|---------------|---|--|
| MGRM         | LESLIE E HILL | 1841 SELVA GRANDE DRIVE<br>ALTANTIC BEACH, FL 32233 | <input type="checkbox"/> Add<br><input checked="" type="checkbox"/> Remove |
|              |               |   | <input type="checkbox"/> Add<br><input type="checkbox"/> Remove            |
|              |               |   | <input type="checkbox"/> Add<br><input type="checkbox"/> Remove            |
|              |               |   | <input type="checkbox"/> Add<br><input type="checkbox"/> Remove            |
|              |               |   | <input type="checkbox"/> Add<br><input type="checkbox"/> Remove            |
|              |               |   | <input type="checkbox"/> Add<br><input type="checkbox"/> Remove            |

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


\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

2011 FEB - 3 PM 4:00

FILED

Dated January 28th, 2011.

  
\_\_\_\_\_  
Signature of a member or authorized representative of a member

William Gibbs  
\_\_\_\_\_  
Typed or printed name of signee