L11000042820

Office Use Only

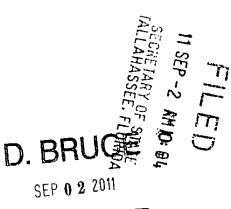


700211144527

09/02/11--01008--010 **25.00

11 SEP -2 AM 9: 58

DEPARTMENT OF TABLE
DIVISION OF CURPORATIONS
TALL AVASSIEF, FLORIDA



EXAMINER

COVER LETTER

	tration Section on of Corporations		
SUBJECT: _	Wakulla Recall C	ommittee, LLC	
	Name of Limited	l Liability Company	
The enclosed A	articles of Amendment and fee(s) are submi	itted for filing.	
Please return ai	Il correspondence concerning this matter to	the following:	
	<u>Gail</u>	Lic KMA-W Name of Person	
		Firm/Company	
	528 Hick	orywood Dr. Address	
	Crawford	Luille FL 3232 City/State and Zip Code	11 SEP -2 MM D. Q.L. SECRETARY OF STATE FALLAHASSEE, FLORID.
	E-mail address: (to l	be used for future annual report notification)	-2 ARY SSEE
For further info	ormation concerning this matter, please call	t:	SEP -2 MM DO QUARETARY OF STATE AHASSEE, FLORID,
	Name of Person	at (850) 926-926 Area Code & Daytime Toleph	One Number
		, .	
Enclosed is a c	heck for the following amount:		
⊠\$2 5.00 Filir	ng Fee \$\bigsim \mathbb{S}30.00 \text{ Filing Fee & Certificate of Status}	S55.00 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 AD Registration Section Division of Corporations Clifton Building 2661 Executive Center Cir Tallahassee, FL 32301	

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Wakulla Reca (Name of the Limited)	11 Con	nmittee,	LLC			
(Name of the Limited) (A	Florida Limite	d Liability Compa	ny)	ir records.)		
The Articles of Organization for this Limited Lia	ability Compa	ny were filed on	4-1	1-11	and assig	ned
Florida document number <u>L 1100004</u>	<u> 2820</u> .					
This amendment is submitted to amend the follo	wing:					
A. If amending name, enter the new name of	the limited li	ability company	here:			
			77 .1	1	I I C" d 11	
The new name must be distinguishable and end with "L.L.C."	the words "Li	imited Liability Co	ompany," th	e designation "	LLC" or the abi	oreviation
Enter new principal offices address, if applica	ble:	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,			No.	
(Principal office address MUST BE A STREE)	T ADDRESS)				- 	
					P-2	
Enter new mailing address, if applicable:					ECHETARY OF STATE	M
(Mailing address MAY BE A POST OFFICE 1	3 <i>0X</i>)		•		T S T S	
						•
B. If amending the registered agent and/o registered agent and/or the new registered off			on our re	cords, <u>enter</u>	the name of	th new
Name of New Registered Agent:	Ren	ee Calk	noun			
New Registered Office Address:	211	Bettyw Forduille City	ood (rida street add	dress	
	Craw	fordwill	و	, Florida	32327	
		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

<u>Title</u>	<u>Name</u>	Address	Type of Action
			Add Remove
	•		Add Remove
			Add Remove
			Add Remove
<u></u>			Add Remove
nGRm	Gail B. Hickman	528 Lickerywood Dr Crawfordvivile FL 32327	Add Remove
D. If amend	ling any other information, enter chang	e(s) here: (Attach additional sheets, if necessary.,)
			11 SEP -2 SEUKETARY ALL AHASSE
			AN DO BY
Dated	4-13-11 , 20	<u>u</u>	
	Signature of a member	or authorized representative of a member	
	Gail R.	Lickman or printed name of signee	

Page 2 of 2

Filing Fee: \$25.00