## # 11000047468

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SECRETARY OF STATE
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K.SALY EXAMINER JAN 11 2012

## COVER LETTER.

Division of Co	rporations				
SUBJECT:	Cottor	ndale FD, LLC			
		ited Liability Company			
The enclosed Articles o	f Amendment and fee(s) are su	bmitted for filing.			
Please return all corresp	ondence concerning this matte	r to the following:			
	J	. Bradford Hines, Esq.			
		Name of Person			
	J. Bradford Hines, P. A.				
	Firm/Company				
		116 Sixth Street S.			
		Address			
	St	. Petersburg, FL 33701			
		City/State and Zip Code			
	E-mail address: (	f.hines@jbhineslaw.com to be used for future annual report	notification)		
For further information	concerning this matter, please	call:			
J. E	Bradford Hines	at (_ 727 )	471-5875 ytime Telephone Number		
Name	of Person	Arca Code & Da	ytime 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)	osed) Certified (	of Status &	

MAILING ADDRESS:

Registration Section

TO:

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

Cottondale FD, LLC

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rde)	RT OF STATE SEE, FLORIDA

(Name of the Limited Liability Compa (A Florida Limited I	iny as it now appea Liability Company)	rs on our records.)	
The Articles of Organization for this Limited Liability Company Florida document numberL11000047468	were filed on	April 21, 2011	and assigned
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited liab	oility company he	<u>re</u> :	
The new name must be distinguishable and end with the words "Lim"L.L.C."	ited Liability Comp.	any," the designation "L	LC" or the abbreviation
Enter new principal offices address, if applicable:	9500 Scott R	toad	
(Principal office address MUST BE A STREET ADDRESS)	Roswell, GA	30076	
	· · · · · · · · · · · · · · · · · · ·		
Enter new mailing address, if applicable:	9500 Scott R	oad	
(Mailing address MAY BE A POST OFFICE BOX)	Roswell, GA	30076	,
B. If amending the registered agent and/or registered of registered agent and/or the new registered office address her  Name of New Registered Agent:  New Registered Office Address:	<u>e</u> :	our records, <u>enter th</u>	
	. Florida		
	City	, 1 101 IQA	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	I = Managing Member		
<u>Title</u>	<u>Name</u>	Address	Type of Action
MGR	Fredrico C. Aguirre	95054 Elderberry Lane Fernandina Beach, FL 32034	Add _ Remove
MGR	Fredrico C. Aguirre	P. O. Box 16405 Fernandina Beach, FL	✓ Add ☐ Remove
MGR	Douglas W. Wilcox, II	2504 NW 71st Place Gainesville, FL 32653	_☑ Add _□ Remove
<del></del>			Add Remove
			Add Remove
			Add Remove
D. If an	The purpose of this Amendment is the and mailing address of the company	ge(s) here: (Attach additional sheets, if necessary.) he change the principle office address r; to change the mailing address of Manager glas Wilcox, II as a Manager of the company	-
Dated	January 3 , 20	)12 /L	-
	Signature of a member	r or authorized representative of a member	<del></del>
		dford Hines, Attorney or printed name of signee	<u></u>

Page 2 of 2

Filing Fee: \$25.00