## L11000050825

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FEB <b>24</b> 2011						
EXAMINER						

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## **COVER LETTER**

'TO:

P.O. Box 6327 Tallahassee, FL 32314

TO:	Registration Section Division of Corporations		
SUBJEC	28142 SECO CANYON RD 71, LLC		
	Name of Limited Liability Company		
The encl	osed Articles of Amendment and fee(s) are submitted for filing.		
Please re	turn all correspondence concerning this matter to the following:		
	Christopher C. Fuller		
	Name of Person		
	Firm/Company	771 1200	20
	Address	LLAHA	7012 FEB 23
	City/State and Zip Code	38EC	23 PH
	Chrisf@ncmfg.gccoxmail.com  E-mail address: (to be used for future annual report notification)	FLORES	\$ 1
For furth	er information concerning this matter, please call:	400	
	Christopher C. Fuller at (850) 682-8033  Name of Person Area Code & Daytime Telephone Number		
	is a check for the following amount:  Filing Fee \$\bigcup \\$30.00 Filing Fee & \$\bigcup \\$55.00 Filing Fee & \$\bigcup \\$60.00	E	
<b>▼</b> ] \$23.0	Certificate of Status Certified Copy Certificat (additional copy is enclosed) Certified	e of Status	
	MAILING ADDRESS: Registration Section  STREET/COURIER ADDRESS: Registration Section		
	Division of Corporations Division of Corporations		

Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

28142 SECO CAN	IYON RD 71,	LLC	<del>.</del>		
(Name of the Limited Liability Compa (A Florida Limited I	ny as it now appear Liability Company)	<u>rs on our records.</u>	.)		
The Articles of Organization for this Limited Liability Company	were filed on	April 29, 201	11	and assig	ned
Florida document number <u>L11000050825</u> .					
This amendment is submitted to amend the following:					
A. If amending name, enter the new name of the limited liab	oility company her	<u>e</u> :			
Chris Fuller Ente	erprises, LLC				
The new name must be distinguishable and end with the words "Limi"L.L.C."	ited Liability Compa	ny," the designation	on "LLC"	or the ab	breviation
Enter new principal offices address, if applicable:	900 Bay Drive	e, Unit 47	<u> </u>	2012	
(Principal office address MUST BE A STREET ADDRESS)	Niceville, FL	32578	AHASSI	11.	· · · · · · · · · · · · · · · · · · ·
			28 A	23	
Enter new mailing address, if applicable:	900 Bay R	Drive, Unit	475	739 276	Ī
(Mailing address MAY BE A POST OFFICE BOX)	Niceville, FL	32578	35 E	(2) (2)	* w. 14 **
B. If amending the registered agent and/or registered of registered agent and/or the new registered office address her		our records, <u>ent</u>	ter the n	ame of	the new
Name of New Registered Agent:		·			
New Registered Office Address:					
	Ent	ter 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

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nformation, enter ch	ange(s) here: (Attach additional sheets, if necessary.)	
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20 , _	2012/	
Signature of a men	mber or authorized representative of a member	
(	Christopher C. Fuller	
	nformation, enter ch	Address  Information, enter change(s) here: (Attach additional sheets, if necessary.)  20

Page 2 of 2

Filing Fee: \$25.00