# L11000056675

(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
(Only State Ziph Hollow)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:

Office Use Only



800212222968

09/26/11--01032--012 \*\*25.00

SECRETARY OF STATE TALLAHASSEE. FLORID

T. HAMPTON

EXAMINER

### **COVER LETTER**

TO: Registration Section Division of Corporations
SUBJECT: Forehand, 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:
Thomas D. Shepherd
Forehand, LLC Prim/Company
740-119 Ave Address
Treasure Island, FL 33706  City/State and Zip Code  Captto mshepherdo netocape wet  E-mail address: (to fe used for future annual report notification)
For further information concerning this matter, please call:
Thomas D. Shepherd . at (127) 744-3361  Name of Person Area Code & Daytime Telephone Number
Enclosed is a check for the following amount:
\$25.00 Filing Fee Certificate of Status  Certificate Copy (additional copy is enclosed)  (additional copy is enclosed)  (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 FILED ARTICLES OF ORGANIZATION SEP 26 PM 2: 36

SECRETARY OF STATE TALLAHASSEE, FLORIDA Liability Company as it now appears on our records.) The Articles of Organization for this Limited Liability Company were filed on  $\frac{5/12/2011}{2011}$ Florida document number \( \text{\$\text{\$L\$ 0000 560 75}} \) 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: New Registered Office Address: Enter Florida street address

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> Address **Type of Action** Name Patsy A. Voigtmann MGRM ☐ Add Remove ☐ Add Remove Remove ∏Add Remove  $\square$ Add Remove. D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) Dated 9-23-2011 Signature of a member or authorized representative of a member THOMAS D S HEPHERD

Typed or printed name of Signee

Page 2 of 2

Filing Fee: \$25.00