L11000070221

(Re	questor's Name)			
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2011 AUG FI AH (2): 55
SECRETARY OF STATE

C. LEWIS

AUG 1 2 2011

EXAMINER

COVER LETTER

SUBJECT.	Goetzman	Development, LLC.	
SUBJECT:		nited Liability Company	
`he enclosed Articles	of Amendment and fee(s) are su	bmitted for filing.	
Please return all corres	pondence concerning this matte	er to the following:	
		Kenneth A. Goetzman	
		Name of Person	
	Goet	zman Development, LL	C.
	· · · · · · · · · · · · · · · · · · ·		
		Starke, FL 32091	
		City/State and Zip Code	
	ken@g	goetzmandevelopment.c	com
For further information	concerning this matter, please		notification)
	neth Goetzman	at (_904_)	237-7585
Name	of Person	Area Code & Da	aytime 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	\$60.00 Filing Fee, Certificate of Status &
		— (additional copy is encl	(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 TO ARTICLES OF ORGANIZATION OF

FILEV

2011 AUG #1 AM 60:55

Goetzman Dev (<u>Name of the Limited Liability Compa</u> (A Florida Limited L	lopment, LLC. ny as it now appears on outliability Company)	SECRETARY OF STATE TALLAHASSEE.FLORIDA	
The Articles of Organization for this Limited Liability Company Florida document number L11000070221 .	were filed onJune	e 16, 2011 and assigned	
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited liab	ility company here:		
The new name must be distinguishable and end with the words "Limi "L.L.C."	ted Liability Company," the	designation "LLC" or the abbreviation	
Enter new principal offices address, if applicable:	129 W. Call St.		
(Principal office address MUST BE A STREET ADDRESS)	Starke, FL 32091		
Enter new mailing address, if applicable:	PO Box 847		
(Mailing address MAY BE A POST OFFICE BOX)	Starke, FL 32091		
B. If amending the registered agent and/or registered off registered agent and/or the new registered office address here Name of New Registered Agent: New Registered Office Address:	:	ords, enter the name of the new	
	City	, Florida 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, <u>enter the title, name, and address of each Manager or Managing Member being added or removed from our records</u>:

MGR = Ma MGRM = 1	anager Managing Member		
<u>Title</u>	<u>Name</u>	Address	Type of Action
			Add Remove
			Add Remove
			Add Remove
			Add Remove
			Add Remove
D. If amend	ding any other information, enter chang	e(s) here: (Attach additional sheets, if necess	sary.)
 Dated			2011 AUG HI SECRETAR
	· · · · · · · · · · · · · · · · · · ·	or authorized representative of a member	AH 19: 55 Y OF STATE SEE, FLORIDA
		neth A. Goetzman or printed name of signee	

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Filing Fee: \$25.00