L11000073911

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J. SAULSBERRY EXAMINER

NOV 1 7 2011

COVER LETTER

10.	· Division of Co					
SUBJE	ECT:	10 MO	NUMENT LLC			
00101			ited Liability Company			
The en	closed Articles o	f Amendment and fee(s) are su	bmitted for filing.			
Please	return all corresp	ondence concerning this matte	r to the following:			
			Susie Rogers			
			Name of Person			
			10 Monument LLC			
			Firm/Company	·	No.3	
			117-B Broadway			
		Address		AHA	2011 NOV	7
		Kissimmee, FL 34741			9 - 6	<u> </u>
			City/State and Zip Code	·		[]
		Susio	e@charleshparsons.com to be used for future annual report notification	m)	ည်းတိ	*1.5
For fur	ther information	concerning this matter, please	•	>	56	
	S	usie Rogers	at (_407_)847	'-47 06		
Name of Person			Area Code & Daytime Tel		-	
Enclose	ed 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)	\$60.00 Filing Fee Certificate of S Certified Copy (additional copy	tatus &	ed)
MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314		ration Section on of Corporations lox 6327	STREET/COURIER A Registration Section Division of Corporation Clifton Building 2661 Executive Center Tallahassee, FL 32301	ns .		

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

10 MONUM	MENT LLC		
(Name of the Limited Liability Compa (A Florida Limited L	ny as it now appea Liability Company)	rs on our records.)	. —
The Articles of Organization for this Limited Liability Company	were filed on	June 27, 2011	and assigned
Florida document numberL11000073911			
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited liab	ility company he	<u>re</u> :	
The new name must be distinguishable and end with the words "Limi"L.L.C."	ted Liability Comp	any," the designation "Ll	C" or the abbreviation
L.L.C.		A	20
Enter new principal offices address, if applicable:			201 IOV
(Principal office address MUST BE A STREET ADDRESS)		ŧ	A 0 11
	· · · · · · · · · · · · · · · · · · ·	S	10V
		· · ·	100
			(/). IX
Enter new mailing address, if applicable:) - 1
(Mailing address MAY BE A POST OFFICE BOX)			56
B. If amending the registered agent and/or registered of		our records, enter th	e name of the new
registered agent and/or the new registered office address here	<u>e</u> :		
Name of New Registered Agent:			
New Registered Office Address:			
	En	nter Florida street addre	ess
		, Florida	
	Citv		Zin 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'= Manager MGRM = Managing Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
MGRM	ZACHARY PARSONS	117-B Broadway Kissimmee, FL 34741	✓ Add Remove
			Add Remove
			Add Remove
			Add Remove
			Add Remove
			AddRemove
D. If amend	ling any other information, enter	change(s) here: (Attach additional sheets, if necessary.	TAL SE
	/	/	ZOIL NOV 16 AM 8 SECORE ARY YOF SID ALLAHASSEE, FLOR
 Dated	November 9 ,		8: 56
	Signature of a n	nember or authorized representative of a member	
		Timothy F Majors Typed or printed name of signee	
	<i>\(\)</i>	Page 2 of 2	
	·	Filing Fee: \$25.00	