

L11000111267

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(Address)

(Address)

(City/State/Zip/Phone #)

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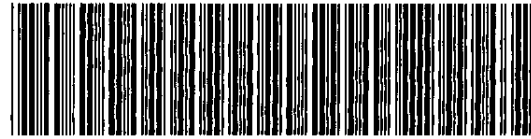
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OCT 26 2011

EXAMINER



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10/25/11--01035--016 \*\*25.00

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
11 OCT 25 AM 9:49

Robert E. McGill, III, Attorney  
Admitted in Florida and Louisiana

*Law Offices of*  
*Robert E. McGill, III, P.A.*

Closing Administrators  
Sharon K. Deville  
Donna K. Deviney

Sherri A. Jankowski  
Florida Registered Paralegal

October 20, 2011

Registration Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, Florida 32314

Re: TreMar & Associates, LLC

Dear Sir or Madam:

Enclosed herewith please find Articles of Amendment for TreMar & Associates, LLC for filing. We have also enclosed a check in the amount of \$25.00 for your filing fee and a self-addressed, stamped envelope for the return of a filed copy.

Please feel free to call if you have any questions. Thank you for your assistance in this matter.

Very truly yours,



Robert E. McGill, III

REM/saj  
Enclosures as stated  
cc: Trey McDowell  
f:\client\luedecke, john\tremar & associates, llc\tr to division of corporations.docx

FILED STATE  
SECRETARY OF  
DIVISION OF CORPORATIONS  
11 OCT 25 AM 9:49

## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: TreMar & Associates, LLC  
Name of Limited Liability Company

FILED  
SECRETARY OF CORPORATIONS  
DIVISION OF CORPORATIONS  
11 OCT 25 AM 9:49

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Robert E. McGill, III

Name of Person

Robert E. McGill, III, P.A.

Firm/Company

36008 Emerald Coast Parkway, Suite 301

Address

Destin, Florida 32541

City/State and Zip Code

sherri@bobmcgill.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Robert E. McGill, III

Name of Person

at ( 850 )

837-1386

Area Code & Daytime 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)

☐ \$60.00 Filing Fee,  
Certificate of Status &  
Certified Copy  
(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**

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
11 OCT 25 AM 9:49

TreMar & Associates, LLC

(Name of the Limited Liability Company as it now appears on our records.)  
(A Florida Limited Liability Company)

The Articles of Organization for this Limited Liability Company were filed on September 28, 2011 and assigned Florida document number L11000111267.

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:**

1815 Van Wert Ave. #2

**(Principal office address MUST BE A STREET ADDRESS)**

Jacksonville, Florida 32205

**Enter new mailing address, if applicable:**

1815 Van Wert Ave. #2

**(Mailing address MAY BE A POST OFFICE BOX)**

Jacksonville, Florida 32205

**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

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

MGRM = Managing Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGRM	George Lewis McDowell, III	1815 Van Wert Ave. #2 Jacksonville, FL 32205	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove

D. If amending any other information, enter change(s) here: *(Attach additional sheets, if necessary.)*

Dated October 19, 2011

  
Signature of a member or authorized representative of a member

George Lewis McDowell, III

Typed or printed name of signee