L1/00011/623

(Requestor's Name	е)
(Address)	
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(City/State/Zip/Pho	one #)
PICK-UP WAIT	MAIL
(Business Entity N	ame)
(Document Numbe	er)
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A. LUNT

NOV -8 2011

EXAMINER

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COVER LETTER

τố:	Registration Se Division of Cor					
SUBJEC	CT:	BATTL	EFIELD LLC		·	
		Name of Limi	ted Liability Company			
The encl	osed Articles of	Amendment and fee(s) are sub	omitted for filing.			
Please re	eturn all correspo	ondence concerning this matter	to the following:			
			KAREN B LEVERITT			
			Name of Person			
LEVE		RITT & ASSOCIATES PA	, ,	7. 2		
			Firm/Company			
			1611 W C 48		2011 NOV -7 SECRETARY ALLAHASSEE	7
			Address		-7 SSE	المتح
	BUSHNELL, FL 33513		OF STATE			
City/State and Zip Code			RA F	-		
LEV		/ERITTPA@AOL.COM o be used for future annual report notific				
			-	cation)		
For furth	er information c	oncerning this matter, please c	all:			
	KARE	N B LEVERITT	at ()	793-9070		
	Name o	f Person	Area Code & Daytime	Telephone Number		
Enclosed	I is a check for th	ne following amount:				
\$25.0	0 Filing Fce	\$30.00 Filing Fee & Certificate of Status	\$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	Certified	te of Status &	
		ING ADDRESS: ation Section	STREET/COURING Registration Section			

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

Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

	EFIELD LLC
(<u>Name of the Limited Liability Co</u> (A Florida Limi	mpany as it now appears on our records.) ted Liability Company)
	pany were filed on SEPTEMBER 29, 2011 and assigned
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 "L.L.C."	Limited Liability Company," the designation "LLC" or the abbreviation
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)	NOV-7 PA 4: JI
B. If amending the registered agent and/or registered registered agent and/or the new registered office address	d office address on our records, enter the name of the new here:
Name of New Registered Agent:	
New Registered Office Address:	Enter Florida street address
	, Florida

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	MELISSA MANN	2223 CR 543 SUMTERVILLE, FL 33585	✓ Add Remove
			Add Remove
			Add Remove
· 			Add Remove
			Add Remove
			Add Remove
D. If amend	ding any other information, enter c	hange(s) here: (Attach additional sheets, if neces	2011 NOV -7 L
			POP SATE
Dated	NOVEMBER 1	2011 hull ha	
		ember of authorized representative of a member BARRY SCOTT MANN	
		yped or printed name of signee	

Page 2 of 2

Filing Fee: \$25.00