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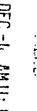


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RECEIVED

COVER LETTER

TO: Registration Section Division of Corporations
SUBJECT: ERIC Clinton 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:
ERIC Clinton
Name of Person
F: (0)
Firm/Company
11 1 Dragg DR
Tallahassee Fl 3230 City/State and Zip Code
E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Adrian McFord at (850) 322-9900 Area Code & Daytime Telephone Number
Enclosed is a check for the following amount:
\$25.00 Filing Fee \$\text{Q\$30.00 Filing Fee & Q\$55.00 Filing Fee & Q\$60.00 Filing Fee & Certificate of Status Certified Copy (additional copy is enclosed) \$\text{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

_ ERIC Clir	nton LLC	
(<u>Name of the Limited Liabi</u> (A Floric	lity Company as it now appears on our records.) da Limited Liability Company)	
The Articles of Organization for this Limited Liability	y Company were filed on	and assigned
Florida document number	·	•
This amendment is submitted to amend the following	;	
A. If amending name, enter the new name of the life of the new name must be distinguishable and end with the value. "L.L.C."	Construction LL	on "LLC" or the abbreviation
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET AD	DRESS)	
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		
B. If amending the registered agent and/or registered agent and/or the new registered office a		er the name of the new
Name of New Registered Agent:		
New Registered Office Address:	P . P .)	
	Enter Florida street	address _{co} ,
	, Florida	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, enter the title, name, and address of each Manager or Managing Member being added or removed from our records:

		Add Remove Add Remove
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	En Eu aute
	Signature of a member or authorized representative of a member

Page 3 of 3

Filing Fee: \$25.00

SHARING TO STATE

