

LIR0000001072

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Office Use Only



600242284416

12/17/12--01010--016 \*\*60.00

12 DEC 18 PM 4:17  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

APPROVED  
AND  
FILED

D. BRUCE

DEC 19 2012

EXAMINER

**COVER LETTER**

**TO: Registration Section  
Division of Corporations**

**SUBJECT:** Federal Asset Management 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:

Philip H. Taylor P.A.  
Name of Person

Firm/Company

200 Central Ave. Suite 700  
Address

St. Petersburg, FL 33701  
City/State and Zip Code

federalassetmanagement@yahoo.com  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Philip H. Taylor at ( 813 ) 841-5000  
Name of Person Area Code & Daytime Telephone Number

Enclosed is a check for the following amount:

- |   |   |  |  |
|---|---|--|--|
| <input type="checkbox"/> \$25.00 Filing Fee | <input checked="" type="checkbox"/> \$30.00 Filing Fee &<br>Certificate of Status<br>X2 \$60.00 | <input type="checkbox"/> \$55.00 Filing Fee &<br>Certified Copy<br>(additional copy is enclosed) | <input type="checkbox"/> \$60.00 Filing Fee,<br>Certificate of Status &<br>Certified Copy<br>(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

12 DEC 18 PM 4:17  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

APPROVED  
AND  
FILED

**ARTICLES OF AMENDMENT  
TO  
ARTICLES OF ORGANIZATION  
OF**

Federal Asset Management 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 1/3/12 and assigned  
Florida document number L12000001072

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:

(Principal office address MUST BE A STREET ADDRESS)

200 Central Ave. Suite 700  
St. Petersburg, FL 33701

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

**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:

William Bellinger

New Registered Office Address:

15925 Dover Cliffe Dr. #21

Enter Florida street address

Lutz

City

Florida

33548

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.

William Bellinger

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	Fernando Reyes	4907 Bayshore Blvd.	<input type="checkbox"/> Add
		Building 105, Tampa, FL	<input checked="" type="checkbox"/> Remove
		33611	
MGRM	William Ballinger	15925 Dover Cliffe Dr.	<input checked="" type="checkbox"/> Add
		Lutz, FL 33548	<input type="checkbox"/> Remove
MGRM	Philip H. Taylor PA	200 Central Ave. Suite 700	<input checked="" type="checkbox"/> Add
		St. Petersburg, FL 33701	<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove

APPROVED  
AND  
FILED  
 12 DEC 18 PM 1:17  
 SECRETARY OF STATE  
 TALLAHASSEE, FLORIDA

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

---

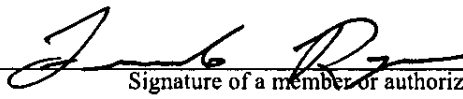
---

---

---

---

Dated December 12, 2012.

 Managing Member  
Signature of a member or authorized representative of a member

Fernando Reyes

Typed or printed name of signee

Page 3 of 3

Filing Fee: \$25.00

APPROVED  
AND  
FILED  
12 DEC 18 PM 4:17  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA