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EXAMINER



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COVER LETTER

TO: Registration S Division of Co			4 4			
SUBJECT:	M. G. Trum	ble Company, LLC				
SOBOLOT.		ited Liability Company				
The enclosed Articles o	of Amendment and fee(s) are sul	omitted for filing.				
Please return all corresp	condence concerning this matter	to the following:				
		Name of Person				
		Firm/Company				
	2326 Barefoot Trace					
		Address				
	At	lantic Beach, FL 32233				
		City/State and Zip Code				
	E-mail address: (g.trumble@gmail.com to be used for future annual report no	tification)			
For further information	concerning this matter, please of	call:				
Mich	nael G. Trumble	at (904)	613-3543			
	of Person	Area Code & Dayti	ime 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 enclos	S60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)			
MAILING ADDRESS:			RIER ADDRESS:			
Registration Section		Registration Section				

Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

malala Oamananii IIO

(VI. G. 11) (Name of the Limited Liabili	umble Company, L ity Company as it now ann	ears on our records.)
(<u>Name of the Limited Liabili</u> (A Florid	a Limited Liability Company	()
The Articles of Organization for this Limited Liability Florida document number L120000048617	Company were filed on	January 11, 2012 and assigned
This amendment is submitted to amend the following:		
A. If amending name, <u>enter the new name of the li</u>	mited liability company h	aere:
The new name must be distinguishable and end with the w'L.L.C."	ords "Limited Liability Con	npany," the designation "LLC" or the abbreviati
Enter new principal offices address, if applicable:	<u></u>	
Principal office address MUST BE A STREET ADL	DRESS)	4 == *
		
		MAR ATL
Inter new mailing address, if applicable:		The same
Mailing address MAY BE A POST OFFICE BOX)		ماس ما الماس
		
	 	
3. If amending the registered agent and/or regi egistered agent and/or the new registered office ad		
Name of New Registered Agent:		
New Registered Office Address:		
		Enter Florida street address
	C:h.	, 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 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	Trumble, Loyce B.	2326 Barefoot Trace Atlantic Beach, FL 32233	☐ Add ☐ Remove
			Add Remove
			Add Remove
	-		Add Remove
			Add Remove
			Add Remove
D. If amend	ling any other information,	enter change(s) here: (Attach additional sheets, if necess	ary.)
 	February 2/8	. 2012	
		of a member or authorized representative of a member	·
	Signature	Michael G. Trumble	
		Typed or printed name of signee	

Page 2 of 2

Filing Fee: \$25.00