# L12000006385

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SECRETARY OF STATE
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### **COVER LETTER**

| TO:             | Registration Section Division of Corporatio | ns                                      | • • • • • • • • • • • • • • • • • • •                     |                  | en e  |  |
|-----------------|---|---|---|------------------|---|--|
| SUBJE           | CCT:  | Douglas J                               | ohn Brunner LLC   |                  |   |  |
|                 |   | Name of Limi                            | ited Liability Company                                    |                  |   |  |
| The end         | closed Articles of Amendr                   | nent and fee(s) are sub                 | bmitted for filing.                                       |                  |   |  |
| Please 1        | return all correspondence                   | concerning this matter                  | to the following:   |                  |   |  |
|                 |   |   | Arlene Brunner  |                  |   |  |
|                 |   |   | Name of Person  |                  |   |  |
|                 |   | Dou                                     | ıglas John Brunner L                                      | LC               |   |  |
|                 |   |   | Firm/Company  |                  |   |  |
|                 |   | 277                                     | 761 Marina Pointe Dri                                     | ive              |   |  |
|                 |   |   | Address   |                  |   |  |
|                 |   | Во                                      | nita Springs, FL 3413                                     | 34               |   |  |
|                 |   |   | City/State and Zip Code                                   |                  |   |  |
|                 |   | E-mail address: (1                      | e@douglasbrunner.c  | ort notification | <del>)</del>  |  |
| For furt        | her information concerning                  | g this matter, please o                 | eall:   |                  |   |  |
| Arlene Brunner  |   | at ( 239 )                              |   | 5954             |   |  |
|                 | Name of Person                              |   | Area Code &   | z Daytime Telep  | phone Number  |  |
| Enclose         | ed is a check for the follow                | ing amount:                             |   |                  |   |  |
| <b>₹</b> ]\$25. |   | 0.00 Filing Fee & Certificate of Status | \$55.00 Filing Fee & Certified Copy (additional copy is e | enclosed)        | \$60.00 Filing Fee,<br>Certificate of Status of<br>Certified Copy<br>(additional copy is er |  |

#### **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

Douglas John Brunner LLC

(Name of the Limited Liability Company as it now appears on our Fedorals) ASSEE, FLORIDA

FILED

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SECRETARY OF STATE

| (A)  | riorida Elinited Liability Company | ()                            |                       |
|--|------------------------------------|-------------------------------|-----------------------|
| The Articles of Organization for this Limited Lia Florida document number L120000063       |                                    | January 13, 2012              | and assigned          |
| This amendment is submitted to amend the follow  | wing:                              |                               |                       |
| A. If amending name, enter the new name of   | the limited liability company l    | <u>iere</u> :                 |                       |
| The new name must be distinguishable and end with "L.L.C."                                 | the words "Limited Liability Con   | npany," the designation "LL   | C" or the abbreviatio |
| Enter new principal offices address, if applica  | ble:                               |                               |                       |
| (Principal office address MUST BE A STREET   | ADDRESS)                           |                               |                       |
| Enter new mailing address, if applicable:  |                                    |                               |                       |
| (Mailing address MAY BE A POST OFFICE B  |                                    |                               |                       |
| B. If amending the registered agent and/or registered agent and/or the new registered offi |                                    | our records, <u>enter the</u> | e name of the nev     |
| Name of New Registered Agent:  |                                    |                               |                       |
| New Registered Office Address:   |                                    | Enter Florida street addre    | ss                    |
|  |                                    | , Florida                     |                       |
|  | City                               |                               | 7in 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 **Title Address** Name **Type of Action** MGR Lynn Bottrell 309 Lincoln Avenue Point Pleasant Beach, NJ 08742 ✓ Add ☐ Remove Remove ☐ Remove Remove ∏Add Remove  $\square$ Add Remove D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.). January 22 2012 Dated \_\_\_ Signature of a member or authorized representative of a member Arlene Brunner Typed or printed name of signee

Page 2 of 2

Filing Fee: \$25.00