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SECRETARY OF STATE
ASSOCIATION OF STATE ASS

C. LEWIS
FEB 1 8 2012
EXAMINER

COVER LETTER

TO: Registration Division of C	Section orporations *** ***	ngal to the second seco	•	
SÜBJECŤ:	Trac	Design, LLC	ee	
	Name of Lim	ited Liability Company		
The enclosed Articles of	of Amendment and fee(s) are sul	bmitted for filing.		
Please return all corres	pondence concerning this matter	r to the following:		
		Tina Kendall		
		Name of Person		
		Firm/Company		
	226	0 Hidden Meadows D	r E	
		Address		
	Р	alm Harbor, FL 34683	3	
		City/State and Zip Code		
	E-mail address: (to be used for future annual rep	ort notification)	
For further information	concerning this matter, please of	call:		
Tina Kendall		at (813)	486-1029	
Name	of Person	Area Code &	Daytime 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 en		Status &

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

FILED

_	5		2012 FEB 1/0) PM 1: \$7	
(Name of the Limited Lightli	ac Design, LLC	00 W OR OR W W060	walany modella w	TOF STATE	
(<u>Name of the Limited Liabili</u> (A Florida	Limited Liability Company)	TALLAHASS	SEE, FLORIDA	
The Articles of Organization for this Limited Liability	Company were filed on _	January 17	', 2012 a	nd assigned	
Florida document number L12000007164	·				
This amendment is submitted to amend the following:					
A. If amending name, enter the new name of the lin	nited liability company h	<u>iere</u> :			
The new name must be distinguishable and end with the with L.L.C."	ords "Limited Liability Com	pany," the design	nation "LLC" o	r the abbreviation	
Enter new principal offices address, if applicable:					
Principal office address MUST BE A STREET ADD	DECC)	-			
Enter new mailing address, if applicable:					
Mailing address MAY BE A POST OFFICE BOX)					
B. If amending the registered agent and/or regi registered agent and/or the new registered office ad		our records,	enter the na	me of the new	
Name of New Registered Agent:					
New Registered Office Address:					
	Enter Florida street address				
		, Flo			
	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 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> **Type of Action** Richard Wasilewski, PE MGRM 1520 Chateau Wood Dr √ Add Clearwater FL 33764 Remove _ Add Remove ☐ Add Remove ☐ Add Remove ∏Add Remove \square Add Remove D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) February 6 2012 Dated Signature of a member or authorized representative of a member Tina Kendall Typed or printed name of signee

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Filing Fee: \$25.00