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JAN, **2 4** 2012

EXAMINER

COVER LETTER

TO: Registration Section Division of Corporations	
SUBJECT: MICANOPY TRABING & AUCTION Company LC	
The enclosed Articles of Amendment and fee(s) are submitted for filing.	
Please return all correspondence concerning this matter to the following:	
John Gordon Name of Person Micanopy Trading & Auction Co. Firm/Codpany 820 N Main St. Suite K Address Williston FL 32696 City/State and Zip Code John Gordon Dwildwoods inc. Com E-mail address: (to-be used for future annual report notification)	LLC. 2012 JAN
For further information concerning this matter, please call:	SRY 23 F
John Gorbon at (35) 529-1020 Name of Person Area Code & Daytime Telephone Number	T S I S I S I S I S I S I S I S I S I S
Enclosed is a check for the following amount:	
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MAILING ADDRESS:

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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

(Name of the Limited Liability Company as it now appea (A Florida Limited Liability Company)	rs on our records.)
The Articles of Organization for this Limited Liability Company were filed on 1. Florida document number 1200007248.	7. 2012 and assigned
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liability company her	<u>re</u> :
The new name must be distinguishable and end with the words "Limited Liability Compa"L.L.C."	any," the designation "LLC" or the abbreviation
Enter new principal offices address, if applicable:	
(Principal office address MUST BE A STREET ADDRESS)	2012
Traden warm mailing adduser if a sulicable.	JAN 23
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	
Walling address WAT BE A POST OFFICE BOX)	## No. 1
B. If amending the registered agent and/or registered office address on expension of the new registered office address here:	our records, enter the name of the new
Name of New Registered Agent:	
New Registered Office Address:	
En	nter Florida street address

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.

City

If Changing Registered Agent, Signature of New Registered Agent

Florida

Zip Code

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>	Address	Type of Action		
MGRM	CRYSTAL D. Petterny	18131 NW 141 Ave Williston, FL 32696	Add Remove		
			Add Remove		
			Add Remove 		
		E CATE A	Add Remove		
		SE.FLORIDA	Remove Add		
D. If amendin	g any other information, enter change(s	s) here: (Attach additional sheets, if necessary.)	-		
			_ _		
			_		
Dated	Johnson	r authorized representative of a member			
	John Gorson	printed name of signee			

Page 2 of 2

Filing Fee: \$25.00