## 1200008823

(Re	equestor's Name)	
(Ac	ldress)	
(Ac	ldress)	
(Ci	ty/State/Zip/Phone	÷#)
PICK-UP	☐ WAIT	MAIL
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(Do	ocument Number)	
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APR - 9 2012

**EXAMINER** 



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## **COVER LETTER**

Division of Co	orporations				
SUBJECT:	12214 H	ighway 301 LLC			
SUBJECT:		ited Liability Company	<del> </del>		
The enclosed Articles o	f Amendment and fee(s) are sul	omitted for filing.			
Please return all corresp	ondence concerning this matter	to the following:			
		Mark Capes			
	12				
		12214 Highway 301 LLC Firm/Company			
	12				
		Address			
	Dade City, FL 33525				
	City/State and Zip Code				
	kfec				
		to be used for future annual report notific	cation)		
For further information	concerning this matter, please of	call:			
!	Mark Capes	at (_352 )	523-0800		
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 enclosed)	\$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)		
			an Annuag		

MAILING ADDRESS:

TO:

**Registration Section** 

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

12214 Highwa	iy 301 LLC				
(Name of the Limited Liability Company (A Florida Limited Lia	y as it now appear ibility Company)	s on our records.)			
The Articles of Organization for this Limited Liability Company w	vere filed on	01/19/2012	and a	ssigne	∍d
Florida document numberL1200008823					
This amendment is submitted to amend the following:					
A. If amending name, enter the new name of the limited liabili	ity company her	<u>e</u> :			
The new name must be distinguishable and end with the words "Limite "L.L.C."	d Liability Compa	ny," the designation "	LLC" or the	e abbro	eviation
Enter new principal offices address, if applicable:			Trans.		
Principal office address MUST BE A STREET ADDRESS)				<u> </u>	
				<del>1</del> 2	£ 1
			and and	9-	Secondaria Communication
Inter new mailing address, if applicable:		<del> </del>	Li.) W.	- (a)	111
Mailing address MAY BE A POST OFFICE BOX)			<u> </u>	**	
			SPA	<u> </u>	
				. 6.41	
B. If amending the registered agent and/or registered office egistered agent and/or the new registered office address here:		ur records, enter	the name	or th	ie ne
Name of New Registered Agent:					
New Registered Office Address:					
	Ent	er Florida street add	dress		
		, Florida			
	City		Zip Co	de	

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, <u>enter the title</u>, <u>name</u>, <u>and address of each Manager or Managing Member being added or removed from our records</u>:

MGR = Manager

MGRM = Managing Member **Address Type of Action** <u>Title</u> **Name** Kevin Fecteau MGRM 12214 US Hwy 301 Dade City, FL 33525 ✓ Add Remove ☐ Add Remove ☐ Add ☐ Remove Remove  $\square$ Add Remove ∏Add Remove D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) April 4 2012 Dated\_ Signature of a member or authorized representative of a member Mark Capes Typed or printed name of signee

Page 2 of 2

Filing Fee: \$25.00