

L12 0000 13009

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

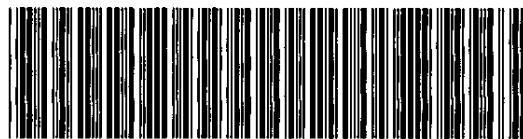
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

T. CLINE

AUG - 7 2012

EXAMINER

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Gator Composites, LLC
Name of Limited Liability Company

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Ed White

Name of Person

Gator Composites, LLC

Firm/Company

2111 Spinner Lane

Address

Sanford, Florida 32773

City/State and Zip Code

edwhite@acsfl.us

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Ed White

Name of Person

at (407)

Area Code & Daytime Telephone Number

407-342-3531

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)

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

2012 AUG -6 PM 2:59
SECRETARY OF STATE
TALLAHASSEE, FL 32301

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**ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF**

Gator Composites, LLC

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

The Articles of Organization for this Limited Liability Company were filed on January 26, 2012 and assigned
Florida document number L12000013009.

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

The new name must be distinguishable and end with the words "Limited Liability Company," the designation "LLC" or the abbreviation "LLC."

Enter new principal offices address, if applicable:

2111 Spinner Lane

(Principal office address MUST BE A STREET ADDRESS)

Sanford, Florida 32773

Enter new mailing address, if applicable:

2111 Spinner Lane

(Mailing address MAY BE A POST OFFICE BOX)

Sanford, Florida 32773

B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here:

Name of New Registered Agent:

New Registered Office Address:

2111 Spinner Lane

Enter Florida street address

Sanford

Florida

32773

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

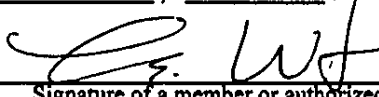
If amending the Managers or Managing Members on our records, enter the title, name, and address of each Manager or Managing Member being added or removed from our records:

MGR = Manager
MGRM = Managing Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGR	Jeffrey W. Small	110 Keyes Court Sanford, Florida 32773	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
MGR	Jeffrey W. Small	2111 Spinner Lane Sanford, Florida 32773	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove

D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

Dated August 1, 2012



Signature of a member or authorized representative of a member

Lewis E. White

Typed or printed name of signee

2012 AUG - 6 PM 2:50
SECRET
ALL INFORMATION CONTAINED
HEREIN IS UNCLASSIFIED
DATE 08-06-12 BY 60322
UCBA

FILED