#112000019427

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FILED
2014 MAR -6 PM 4: 40
SECRETARY OF STATE
SECRETARY OF STATE

K.SALY EXAMINER MAR - 7 2014

COVER LETTER

TO: Registration Se Division of Cor			
SUBJECT: Pract	nar Enterprises	s, LLC	
SUBJECT:		ited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub-	mitted for filing.	
Please return all correspo	ndence concerning this matter	to the following:	
	Paul M Prac		
		Name of Person	
	Prachar Ent	erprises, LLC	
		Firm/Company	
	11882 Gran	ite Woods Loop	
		Address	
	Venice, FL 3	34292	
		City/State and Zip Code	
	prachars6@yaho		
	E-mail address: (to be used for future annual report notifi	ication)
For further information of	concerning this matter, please c	all:	
Paul Prach	ar	319 ₃ 360-6	692
Name o	of Person		: Telephone Number
Enclosed is a check for t	he 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)
MAIL	ING ADDRESS:	STREET/COURI	ER ADDRESS:

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

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

ARTICLES OF OF OF		FILED 2014 MAR -6 PM 4: L
~		2014 MAR.
Prachar Enterprises, LLC		SFrom PM 4:1
(Name of the Limited Liability Company (A Florida Limited Lia	/	TALLAHASSEE, FLORID,
The Articles of Organization for this Limited Liability Company w	vere filed on 209 14 2/09/	12 and assigned
Florida document number L12000019427	. On	9
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liabili	ity company here:	
The new name must be distinguishable and end with the words "Limited Liabili	ity Company," the designation "LLC" or t	he abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDRESS)		
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		
B. If amending the registered agent and/or registered office address here:		ter the name of the new
Name of New Registered Agent:		
New Registered Office Address:	•	
	Enter Florida street address	
	, Florida	·

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 605, 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

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

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	Type of Action
AMBR	Timothy M Quade	616 Golf Drive #5	■ Add
		Venice, FL 34285	□ Remove
MGR	Travis L Prachar	11882 Granite Woods Loo	P □ Add
		Venice, FL 34285	Remove
			□ Add
			Remove
			□ Add
			Remove
			□ Remove
			□ Remove

Percentage of ownership is as follows be	
Paul M Prachar 90%	
Timothy Quade 10%	
Effective date, if other than the date of filing: The effective date must be specific, cannot be prior to date of receipt or filed date and cannot the date this document is filed by the Florida Department of State)	(optional) not be more than 90 days after
Dated March 4 2014	
Signature of a member or authorized representati	tive of a member

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Filing Fee: \$25.00