

L12000057331 ✓

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

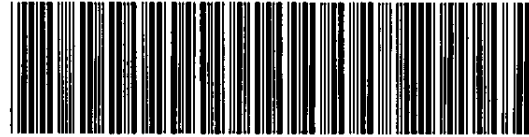
(Business Entity Name)

(Document Number)

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2014 JAN -2 PM 3:16  
FALL RIVER, MA 01901

B. BOSTICK

JAN - 9 2013

EXAMINER

## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: Heritage FFR, 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:

Stephen C. Riggs

Name of Person

Firm/Company

500 Grand Blvd., Suite 210

Address

Miramar Beach, FL 32550

City/State and Zip Code

sriggs@cricpa.com

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

For further information concerning this matter, please call:

Stephen C. Riggs

Name of Person

at 850 837-3141

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)

### 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

FILED IN 837-3141

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

Heritage FFR, 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 April 27, 2013 and assigned Florida document number L12000057331.

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 "L.L.C."

**Enter new principal offices address, if applicable:**

(Principal office address MUST BE A STREET ADDRESS)

500 Grand Blvd., Suite 210

Miramar Beach, FL 32550

**Enter new mailing address, if applicable:**

(Mailing address MAY BE A POST OFFICE BOX)

500 Grand Blvd., Suite 210

Miramar Beach, FL 32550

**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: Stephen C. Riggs

New Registered Office Address: 500 Grand Blvd., Suite 210

*Enter Florida street address*

Miramar Beach, Florida 32550

*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 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.*

Stephen C. Riggs  
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>	<u>Type of Action</u>
MGR	R. James Robbins, Jr.	Suite 3700 Bank of America Plaza	<input type="checkbox"/> Add
		101 E. Kennedy Blvd.	<input checked="" type="checkbox"/> Remove
		Tampa, FL 33602	
MGR	Stephen C. Riggs	500 Grand Blvd., Suite 210	<input checked="" type="checkbox"/> Add
		Miramar Beach, FL 32550	<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
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			<input type="checkbox"/> Remove

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FALTA ASSISTENTE

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

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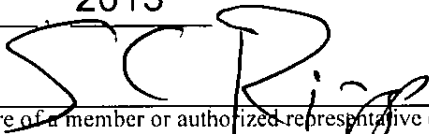
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**E. Effective date, if other than the date of filing:** \_\_\_\_\_ **(optional)**

*(If an effective date is listed, the date must be specific and cannot be more than 90 days after filing.) (605.0207 (3)(b))*

Dated December 31

2013



Signature of a member or authorized representative of a member

Stephen C. Riggs

Typed or printed name of signee

**Page 3 of 3**

**Filing Fee: \$25.00**

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FALL ALASKA - 0001