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C. LEWIS

SEP -4 2012

EXAMINER

### **COVER LETTER**

TO:	Registration Section Division of Corporations
SUBJE	CT: TALCOR - West Florida Division, LLC  Name of Limited Liability Company
The end	closed Articles of Amendment and fee(s) are submitted for filing.
Please 1	return all correspondence concerning this matter to the following:
	PATRICK JONES  Name of Person
	TALCOR - West Florida Division U.C. Firm/Company
	ZZ8 REID AVE
	PORT ST. JOE, FL  City/State and Zip Code
	E-mail address: (to be used for future dinual report notification)
For furt	her information concerning this matter, please call:
	Name of Person at (850) 814-4490  Area Code & Daytime Telephone Number
Enclose	d is a check for the following amount:
<b>\</b> \$25.	00 Filing Fee \$\ \text{Certificate of Status} \text{S55.00 Filing Fee & Certificate of Status & Certified Copy (additional copy is enclosed)} \text{S60.00 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

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION

OF imited Liability Company as it now appears on our records. (A Florida Limited Liability Company) 8/14/2012 and assigned The Articles of Organization for this Limited Liability Company were filed on Florida document number \_\_\_\_L12 00010 4443. 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) 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 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: Enter 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 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 Title . Name 1 **Address Type of Action** MGRM PATRICK JONES 228 RGID AVENUE
PORT ST. JOE, FL 32456 Remove ☐ Add Remove Remove ☐ Add Remove  $\square$ Add Remove ∏Add Remove

). If ame	nding any other information, enter change(s) here: (Attach additional sheets, if nec	essary.) ———-	_	
- 		SECRITAR 0	12 AUG 31 PM	  
 nted	8/28 . 2012	FLORIDA	=======================================	
	Signature of a member or authorized representative of a member  PATRICE SoleS  Typed or printed name of signee			- -

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Filing Fee: \$25.00