L12000113614

(Re	questor's Name)	
(Ãd	dress)	
(Ad	dress)	
(Cit	y/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
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SECRETARY OF STATE SECRETARY OF CORPORATIONS

C. LEWIS SEP 1 8 2012 EXAMINER

COVER LETTER

	tration Section on of Corporations		
A 0		ckmil, LLC	,
SUBJECT: _		ited Liability Company	
	Articles of Amendment and fee(s) are sub		
Please return a	II correspondence concerning this matter	r to the following:	
	w	Vendy A. Mara, Esquire	
		Name of Person	
		Mara & Mara, P.A. Firm/Company	
	555 W	est Granada Blvd., Ste. B-5	
		Address	
	Ormo	ond Beach, Florida 32174 City/State and Zip Code	
	wam	nara@mara-maralaw.com (to be used for future annual report notification)	٠
For further inf	E-mail address: (ormation concerning this matter, please o		
TO MILICI III			
	Wendy Mara Name of Person	at (386) 672-8081 Area Code & Daytime Telephone Number	
	heck for the following amount:	_	
₹ \$25.00 Fili	ng Fee \$30.00 Filing Fee & Certificate of Status	S55.00 Filing Fee & S60.00 Filing F Certified Copy Certificate of (additional copy is enclosed) Certified Cop (additional co	Status & Y
	MAILING ADDRESS:	STREET/COURIER ADDRESS:	
	Registration Section Division of Corporations	Registration Section Division of Corporations	
	P.O. Box 6327 Tallahassee, FL 32314	Clifton Building 2661 Executive Center Circle	,

Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

FILED SECRETARY OF STATE DIVISION OF CORPORATIONS

2012 SEP 17 PM 2: 13

Jackm (<u>Name of the Limited Liability Compa</u> (A Florida Limited I		<u>s.</u>)
The Articles of Organization for this Limited Liability Company Florida document numberL12000113614	were filed on <u>September 4,</u>	2012 and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited lial	oility company here:	,
The new name must be distinguishable and end with the words "Lim"L.L.C."	ited Liability Company," the designat	ion "LLC" or the abbreviation
Enter new principal offices address, if applicable:	800 Belle Terre Parkway	
(Principal office address MUST BE A STREET ADDRESS)	Unit 200-148	
	Palm Coast, Florida 3216	64
Enter new mailing address, if applicable:	800 Belle Terre Parkway	
(Mailing address MAY BE A POST OFFICE BOX)	Unit 200-148	
	Palm Coast, Florida 3216	34
B. If amending the registered agent and/or registered of registered agent and/or the new registered office address her Name of New Registered Agent: New Registered Office Address:	Enter Florida stred	et address
	, Floric	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, <u>enter the title, name, and address of each Manager or Managing Member being added or removed from our records</u>:

	<u>Name</u>	Address	Type of Action
			□ Pamovo
_			□ D
_			
			Add Remove
_			Domosio
men	ling any other information, ente	r change(s) here: (Attach additional shee	ets, if necessary.)
			WISEC.
	September 12 .		2812 SEP 17 PM

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Filing Fee: \$25.00