L12000129406

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2013 AUG -7 M IO 32 SECRETARY OF STATE TATE ATTACKNESS FLORIDA

COVER LETTER

	istration ision of A	Section Corporations		وري مي ت		
cup mor.	Upton	Law Firm, P.L.			,	
SUBJECT:		Name of Limite	ed Liability Comp	pany		
The enclosed	Articles	of Amendment and fee(s) are subr	nitted for filing.			
Please return	ali corre	spondence concerning this matter t	to the following:			
		Charles Burns Upton	II			
			Name of Pers	son		
		Upton Law Firm, P.L.				
			Firm/Compa	uny		
		525 N. Calhoun Stree	∍t			
		 	Address			
		Tallahassee, Florida 32301				
		City/State and Zip Code cbu@uptonfirm.com				
	•	·	be used for future	annual report notificat	ion)	
For further in	ıformatio	on concerning this matter, please ca	ıll;	• • •		
C.B. Upto	n	. •	850	727-5964		
	Nan	ne of Person	at (rea Code & Daytime To	elephone Number	
Enclosed is a	s check fo	or the following amount:				
\$25.00 Fi	iling Fee	□\$30.00 Filing Fee & Certificate of Status	□\$55.00 Filin Certified ((additional		□\$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)	
.· .	Reg Div P.O	AILING ADDRESS: cistration Section ision of Corporations Box 6327 lahassee, FL 32314	R D C	TREET/COURIER Registration Section Division of Corporation Clifton Building 661 Executive Center Callahassee, FL 3230	ons er Circle	

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

FILED

2013 AUG -7 AM 10: 32

Upton Law Firm, P.L.		SECRETARY OF STATE
(<u>Name of the Limited</u> (A	Liability Company as it now appears on Florida Limited Liability Company)	our records.
The Articles of Organization for this Limited Li L12000129406 Florida document number		and assigned
Γhis amendment is submitted to amend the follo	owing:	
A. If amending name, enter the new name of	the limited liability company here:	
The new name must be distinguishable and end with 'L.L.C."	h the words "Limited Liability Company,"	the designation "LLC" or the abbreviation
Enter new principal offices address, if applica	able:	
Principal office address MUST BE A STREE		
		
Enter new mailing address, if applicable:		
Mailing address MAY BE A POST OFFICE	<u>BOX)</u>	
		· · · · · · · · · · · · · · · · · · ·
B. If amending the registered agent and/oregistered agent and/or the new registered of	•	records, <u>enter the name of the new</u>
Name of New Registered Agent:		
New Registered Office Address:	Enter F	Torida street address
	2	
	City	, Florida Zip Code
Now Degistered Agent's Signature if shanging E	Dogistored Agents	

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 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:

<u>Title</u>	<u>Name</u>	Address	Type of Action
 			Add
			Remove
			Add
			Remove
			Add
			Remove
			Add
			Remove
			Add
<u>. </u>			Remov
			Add
			Remov

a single member L	LC. The new member is Zebulon P. Cheshire.	
	0010	• .
August 6		
August 6	, 2013	
August 6	WS. Wit 4	
August 6 Charles Burns	Signature of a member authorized representative of a member	· · · · · ·

yped or printed name or

Page 3 of 3

Filing Fee: \$25.00