## L12000 129406

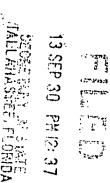
(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:
·





900252108259

09/30/13--01021--016 \*\*25.00



## **COVER LETTER**

Division of Co	rporations 🐔 🕶 💮 😽		
, Upton L	aw Firm, P.L.		
	Name of Limited Liability Company		
The enclosed Articles of	f Amendment and fee(s) are submitted for filing.		
Please return all correspondent	ondence concerning this matter to the following:		
	C.B. Upton		
	Name of Person		
	Upton Law Firm, P.L.		
	Firm/Company		
	525 N. Calhoun Street		
	Address	<del></del>	
	Tallahassee, Florida 32301		
	City/State and Zip Code cbu@uptonfirm.com	<del></del>	
	E-mail address: (to be used for future annual report notification)	<del></del>	
For further information of	concerning this matter, please call:	Est 7	ـــــــــــــــــــــــــــــــــــــ
C.B. Upton	850 727-5964		S. T. T.
Name o	of Person Area Code & Daytime Telepho	one Number	) Januari
		177	
Enclosed is a check for t	the following amount:	1083 1083 1083 1083	isosme.
■ \$25.00 Filing Fee	□\$30.00 Filing Fee & □\$55.00 Filing Fee & □ Certificate of Status Certified Copy (additional copy is enclosed)	\$60.00 Filing Fee, Certificate of Statu Certified Copy (additional copy is	

MAILING ADDRESS:

**Registration Section** 

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

Upton Law Firm, P.L.			
( <u>Name of the Limited Liability Com</u> (A Florida Limited	pany as it now appears on our d Liability Company)	records.)	<del></del>
The Articles of Organization for this Limited Liability Compa L12000129406  Florida document number	ny were filed on		_ and assigned
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited li	ability company here:		
The new name must be distinguishable and end with the words "Li"L.L.C."	mited Liability Company," the	designation "LLC	C" or the abbreviation
Enter new principal offices address, if applicable:			
(Principal office address MUST BE A STREET ADDRESS)		6 <sup>2</sup> / 2	
			<del>ن</del> .
Enter new mailing address, if applicable:			
(Mailing address MAY BE A POST OFFICE BOX)		Programme and the second	
		55 55 55 55 55 55 55 55 55 55 55 55 55	<del>3</del> π
B. If amending the registered agent and/or registered registered agent and/or the new registered office address h	office address on our reco ere:		-1
Name of New Registered Agent:			
New Registered Office Address:	Enter Flori	ida street addre.	ss
		, Florida	
	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 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:

MGR = Manager

MGRM = N	Managing Member		
<u>Title</u>	<u>Name</u>	Address	Type of Action
			Add
			——————————————————————————————————————
			Remove
			<del></del>
			Add
			Remove
			Remove
		-	
			Add
			Remove
			I S I
		<del></del>	
		<del></del>	Add
			Remove
			Add
			Remove
		·	
			Add
			Remove

single member entity.	Zebulon P. Cheshire is no longer a me	ember of
Upton Law Firm, P.L.	· · · · · · · · · · · · · · · · · · ·	
		· · · · · · · · · · · · · · · · · · ·
`antomber 97	2012	
September 27	2013	
September 27	, 2013	9-
		9.
	nature of a member of authorized representative of	f a member

Page 3 of 3

Filing Fee: \$25.00

13 SEP 30 PM I2: 37

TALLANA SEE FLORIDA