# L13000036813

(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:

Office Use Only



400245695494

03/15/13--01008--015 \*\*25.00

2013 NAR 15 PH 12: 56

# **COVER LETTER**

O: Registration Section Division of Corporations
SUBJECT: 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:
Steve Gian Mane of Person
Gries Mylstment Funds
4830 W. Kennedy Blvd Ste 445
City/State and Zip Code
For further information concerning this matter, please call:
Melissa Ladman at (8B) 909-908 Area Code & Daytime Telephone Number
Enclosed is a check for the following amount:  \$25.00 Filing Fee \$\text{Certificate of Status}\$  Certificate of Status \$\text{Certified Copy}\$  (additional copy is enclosed)  \$60.00 Filing Fee, Certificate of Status \$\text{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

FILED
2013 MAR 15 PM 12: 56
GEGGETAIN DE STATE

VIDA VIT		TALLAHASSEE, PLONIDA
( <u>Name of the Limited Liabi</u> (A Florid	lity Company as it now appears of the Limited Liability Company)	on our records.)
The Articles of Organization for this Limited Liability Florida document number <u>L130003108</u>	y Company were filed on <u>3</u> – 1 <u>3</u> .	11-13 and assigned
This amendment is submitted to amend the following	;	
A. If amending name, enter the new name of the l	imited liability company here:	
The new name must be distinguishable and end with the v.L.L.C."	words "Limited Liability Company	," the designation "LLC" or the abbreviation
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET AD	DRESS)	
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		
B. If amending the registered agent and/or regregistered agent and/or the new registered office a		r records, enter the name of the new
Name of New Registered Agent:		
New Registered Office Address:		
	Enter	Florida street address
	City	, Florida Zip Code
	City	Zip Coue

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>:

MGR = Manager

MGRM = Managing Member <u>Title</u> <u>Name</u> **Address Type of Action** morm Williamstoldings LC 16304 Stron Cove Rd. Add 1 Truntenistle, NC 28078 Premove more Williams Holding Remove Remove Remove Remove

	1/1	0.0			
1 Y Wall	<u> 14</u>	., <u>a015</u>	. <del>.</del>		
<i>\left\)</i>		5			
	Signature of	member or auth	orized representati	ve of a member	

Page 3 of 3

Filing Fee: \$25.00

