# L13000042600

Office Use Only



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SECRETARY OF STATE TALL MICKELS FOR ORDA

## **COVER LETTER**

TO: Registration So		ę 🔑 .	3
SUBJECT: 5 Futi	ıres Enterprises,	LLC	
30B4E1.	Name of Limi	ted Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please return all correspondent	ondence concerning this matter	to the following:	
	Mr. Russ Lloya	1	
		Name of Person	
	5 Futures Ente	rprises, LLC	
		Firm/Company	
	1921 Maple Av	ve.	
		Address	·
	Zanesville, OH	43701	
		City/State and Zip Code	<del></del>
	lruss@columbi		
	·	o be used for future annual report notificat	ion)
For further information of	concerning this matter, please c		
Jordan Shepp	pherd	at ( <u>541</u> )749-0780	
Name o	of Person	Area Code & Daytime Te	elephone Number
Enclosed is a check for t	he following amount:		
□ \$25.00 Filing Fee	□\$30.00 Filing Fee & Certificate of Status	□\$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	■\$60.00 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

FILED

2013 APR 12 PM 1: 38

SECRETARY OF STATE TALLAHASSEE, FLORIDA

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J	ruiures	Liner	prises,	LL	$\cup$

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

The Articles of Organization for this Limited Liability Company	were filed on March 21, 2	2013 and assigned
Florida document number $\underline{L13000042600}$ .		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liab	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:	4128 Center Gate I	Blvd.
(Principal office address MUST BE A STREET ADDRESS)	Sarasota, FL 3423.	3
Enter new mailing address, if applicable:	1921 Maple Ave.	
(Mailing address MAY BE A POST OFFICE BOX)	Zanesville, OH 437	701
B. If amending the registered agent and/or registered of registered agent and/or the new registered office address her		nter the name of the new
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida stree	d adduses
<del></del>	, Florid	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, <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>	<u>Address</u>	Type of Action
			Add
			Remove
			Add
			Remove
			Add
			Remove
			Remove
			<del></del>
			Add
			<b></b>
			Remove
			_
			Add
			Remove
			_ L Kemove

D. If am	ending any other information, enter change(s) here: (Attach additional sheets, if necessary.)
	•
•	
Dated $A$	pril 10th, 2013
	Kurnell I Sha
	Signature of a member or authorized representative of a member
	Russell J. Lloyd, Authorized Rep.
	Typed or printed name of signee

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Filing Fee: \$25.00

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