

L13000055250

ADVOCATE CONSULTING Fax: 239-213-0698 00 2013 09:52 AM 001/00

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

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To: Division of Corporations
Fax Number : (850)617-6383

From: Account Name : ADVOCATE CONSULTING LEGAL GROUP, LLC
Account Number : 120090000001
Phone : (239)213-0066
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Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

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CONDOR, LLC

Certificate of Status	0
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Page Count	04
Estimated Charge	\$25.00

MAY -1 2013
A. LUNT

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: CONDOR, LLC
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:

RACHEL HALL
Name of Person
ADVOCATE CONSULTING LEGAL GROUP, PLLC
Firm/Company
3073 HORSESHOE DR S STE 210
Address
NAPLES, FL 34104
City/State and Zip Code
RACHELH@ADVOCATETAX.COM
E-mail address: (to be used for future annual report notification)

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TALLAHASSEE, FLORIDA

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For further information concerning this matter, please call:

RACHEL HALL at 239 213-0066
Name of Person Area Code & Daytime Telephone Number

Enclosed is a check for the 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**

CONDOR, LLC

(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 4/15/2013 and assigned
Florida document number L13000055250

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

The new name must be distinguishable and end with the words "Limited Liability Company," the designation "LLC" or the abbreviation
"L.L.C."

Enter new principal offices address, if applicable:

(Principal office address MUST BE A STREET ADDRESS)

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

B. If amending the registered agent and/or registered office address on our records, enter the name of the new
registered agent and/or the new registered office address here:

Name of New Registered Agent: _____

New Registered Office Address: _____

Enter Florida street address

_____, 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 Changing Registered Agent, Signature of New Registered Agent

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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 = Managing Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGRM	SANTA TERESA HOLDINGS, LLC	5210 BELFORT RD STE 320	<input type="checkbox"/> Add
		JACKSONVILLE, FL 32256	<input checked="" type="checkbox"/> Remove
MGRM	J. THOMAS SOLANO	5210 BELFORT RD STE 320	<input checked="" type="checkbox"/> Add
		JACKSONVILLE, FL 32256	<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove

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D. If amending any other information, enter change(s) here: *(Handwritten: change to address, if necessary)*

.....
.....
.....
.....
.....

Date: APRIL 29, 2013

(Handwritten signature)
Signature of a member or authorized representative of a member

J. THOMAS SOLANO

Type or printed name of signer

Page 3 of 3

Filing Fee: \$35.00

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