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Account Number : 072100000455  
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14702 TARMAC COURT, LLC

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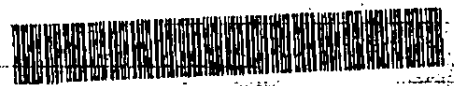
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**COVER LETTER**



H130001314823480J

**TO: Registration Section  
Division of Corporations**

**SUBJECT: 14702 Tarmac Court, 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:

**Mark A. Ebelini**

Name of Person

**Knott Ebelini Hart**

Firm/Company

**1625 Hendry Street, Third Floor**

Address

**Fort Myers FL 33901**

City/State and Zip Code

**mebelini@knott-law.com**

E-mail address: (to be used for future annual report notification)

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SECRETARY OF STATE  
TALLAHASSEE, FL 32301

For further information concerning this matter, please call:

**Mark A. Ebelini, Esq.**

Name of Person

at **239 334-2722**

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 &  
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(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



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ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF



14702 Tarmac Court, 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 4/18/13 and assigned Florida document number L13000056864

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)

Three horizontal lines for entering the principal office address.

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

Three horizontal lines for entering the mailing address.

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:

Horizontal line for entering the name of the new registered agent.

New Registered Office Address:

Horizontal line for entering the new registered office address.

Enter Florida street address

City, Florida Zip Code

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



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	Mark A. Lyons	12333 University Avenue Clive IA 50325	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
MGRM	John Fisher	3360 Pine Ridge Road Naples FL 34109	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
MGRM	Laurie Epps	12333 University Avenue Clive IA 50325	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
MGRM	First American Bank	12333 University Avenue Clive IA 50325	<input checked="" 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: *(Attach additional sheets, if necessary.)*

The correct spelling of the Registered Agent's name is: "John Fisher."

The Managing Member changes correct a scrivener's error in the original Articles.

\_\_\_\_\_

\_\_\_\_\_

Dated June 10, 2013

Signature of a member or authorized representative of a member

Mark A. Ebelini, Esq.

Typed or printed name of signee

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Filing Fee: \$25.00

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