11300091595

(Re	equestor's Name)	
(Ad	dress)	
(Ad	dress)	
(Cit	y/State/Zip/Phone	· #)
<u>_</u>	/ WAIT	MAIL
(Bu	siness Entity Nan	ne)
(Do	cument Number)	
Certified Copies	_ Certificates	of Status
Special Instructions to	Filing Officer:	

Office Use Only



200249244312

07/26/13--01009--001 **25.00

2013 JUL 25 PH 3: 55
SECRETARY OF STATE

40.4/20/10

B Tedlock JUL 26 2013

COVER LETTER

TO: Registration Section Division of Corporations		
SUBJECT: That	Name of Limited Liability Company	
	• • •	
The enclosed Articles of Amendment	and fee(s) are submitted for filing.	
Please return all correspondence conce.	erning this matter to the following:	
	TOMMIE L DANS Jr. Name of Person	
	. Name of Person	
	That Guy LC	
	Firm∕€ompany	
	Firm Empany 515 Maion Oak Pass Address	
	Address	
	Ocala Ft. 34473	
	City/State and Zip Code	
	E-mail address: (to be used for future annual report notification)	
For further information concerning the	s matter, please call:	
Tomme (Dons	at (229) 429 - 7346 Area Code & Daytime Telephone Number	-
Name of Person	Area Code & Daytime Telephone Number	
Enclosed is a check for the following	amount:	
\$25.00 Filing Fee \$30.00 Certif	Filing Fee & \$\sum \\$55.00 \text{ Filing Fee & } \$\sum \\$60.00 \text{ Filing Fee & } \$\cup \\$Certificate of St \\ (additional copy is enclosed) \\ (additional copy \)	atus &

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

Tha	t Guy LLC	
(<u>Name of the Limited Liz</u> (A Flo	ability Company as it now appears on our reco orida Limited Liability Company)	ords.)
The Articles of Organization for this Limited Liabi Florida document number L 130000 91	ility Company were filed on <u>(J-H4-)</u> 1595	T JUL
This amendment is submitted to amend the following	ing:	25 I
A. If amending name, enter the new name of th	e limited liability company here:	PH 2:5
The new name must be distinguishable and end with the "L.L.C."	ne words "Limited Liability Company," the design	
Enter new principal offices address, if applicable	e:	
(Principal office address MUST BE A STREET A	ADDRESS)	
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BO	<u></u>	
B. If amending the registered agent and/or registered agent and/or the new registered office		, enter the name of the nev
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida s	treat address
	Enter Florida Si	ireei aaaress
-	, Flo	orida 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>	Name	Address	Type of Action
MOR	Edwards, Panula	515 Manon Daklaus.	Add
		Ocala Ft. 34473	Remove
MFR.	Davis, Tommie L. Jr.	515 Manm Oaklass Ocala. Fz. 34473	AddRemove
			Add
			Add
			Add
, 			Remove
			Remove

. If an	nending any other information, enter change(s) here: (Attach additional sheets, if necessary.)
ited	July 19 , 2013.
	Signature of a member or authorized representative of a member
	Signature of a member or authorized representative of a member
	Tommie Lee Davis Jr.
	Typed or printed name of signee
	Page 3 of 3

Filing Fee: \$25.00