#13000106107

(Requestor's Name)
(Address)
(Address)
,
(City/State/Zip/Phone #)
(City/State/Zip/Filone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Gertifica doplica
Special Instructions to Filing Officer:

Office Use Only



300250561903

08/12/13--01011--006

SECAR LART OR STATE
FALLAHASSEE, FLORIDA

K.SALY EXAMINER AUG 142

COVER LETTER

Division of Cor		
SUBJECT: LOC	COR, P.L.	
SUBJECT:	Name of Limited Liability Company	
	f Amendment and fec(s) are submitted for filing.	
riease return an correspo	Corey Amman	
	Name of Person LOCOR, P.L.	
	755 Grand Blvd. Ste B-105 #104	
	Miramar Beach, FL 32550	
	City/State and Zip Code caamman@gmail.com E-mail address: (to be used for future annual report notification)	
For further information of	concerning this matter, please call:	
Corey Amn	man 269 352-0693	
Name o	of Person Area Code & Daytime Telephone Number	
Enclosed is a check for t	the following amount:	
■ \$25.00 Filing Fce	□\$30.00 Filing Fee & □\$55.00 Filing Fee & □\$60.00 Filing Fee, Certificate of Status Certified Copy Certificate of Status (additional copy is enclosed) Certified Copy (additional copy	itus &

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



LOCOR, P.L.

(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 Liab Florida document number <u>L13000106107</u>	oility Company were filed or	7/26/2013	and assigned
This amendment is submitted to amend the follow	ving:		
A. If amending name, enter the new name of t	he limited liability compar	y here:	
The new name must be distinguishable and end with "L.L.C."	the words "Limited Liability C	Company," the designation "LLC"	or the abbreviation
Enter new principal offices address, if applicat	ole:		
(Principal office address MUST BE A STREET	ADDRESS)		
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BO	h 4:	and Blvd. Ste. B-105 # ir Beach, FL 32550	104
B. If amending the registered agent and/or registered agent and/or the new registered office		on our records, enter the	name of the new
Name of New Registered Agent:	755 Grand Blvd. St		
New Registered Office Address:	755 Granu Bivu. Si	Enter Florida street address	
	Miramar Beach	, Florida 3255	0
	City		ip 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>	Name	Address	Type of Action
MGRM	Louise Gutierrez	312 Hidden Creek Circle Ste. 1 Dothan, AL 3630	Add
			Remove
			- Add
			Remove
			Add
			Remove
			Add
			Remove
			Add
			Add Remove
			Kemove

). If an	mending any other information, enter change(s) here: (Attach additional sheets, if necessary.)
,	
ated _	,
	Comey Clum
	Signature of a member or authorized representative of a member
	Core Amman Typed or printed name of signee
	Typed or printed name of signee

Page 3 of 3

Filing Fee: \$25.00