

L13000 109982

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(Address)

(Address)

(City/State/Zip/Phone #)

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(Business Entity Name)

(Document Number)

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*Amend*

08/29/14--01008--012 \*\*135.00

FILED  
2014 AUG 29 PM 12:48  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

*DR*  
*9/8/14*

**COVER LETTER**

**TO: Registration Section  
Division of Corporations**

**SUBJECT: 3145 Partners, 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:

**Thomas M. Egan**  
Name of Person  
**Thomas M. Egan, Chartered**  
Firm/Company  
**2107 SE 3rd Ave.**  
Address  
**Ocala, FL 34471**  
City/State and Zip Code  
**paulastauss@aol.com**  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

**Thomas M. Egan** at **352 629-7110**  
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

FILED

2014 AUG 29 PM 12:48

3145 Partners, LLC

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

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

The Articles of Organization for this Limited Liability Company were filed on 8/5/2013 and assigned Florida document number L13000109982

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:

3145 NE 36th Ave.

(Principal office address MUST BE A STREET ADDRESS)

Ocala, FL 34479

Enter new mailing address, if applicable:

6184 NE 69th Street

(Mailing address MAY BE A POST OFFICE BOX)

Silver Springs, FL 34488

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:

Paula L. Stauss

New Registered Office Address:

3145 NE 36th Ave.

*Enter Florida street address*

Ocala

*City*

, Florida 34479

*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 605, 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.*

Paula L. Stauss

*If Changing Registered Agent, Signature of New Registered Agent*

If amending the Managers or Authorized Member on our records, enter the title, name, and address of each Manager or Authorized Member being added or removed from our records:

MGR = Manager  
 AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGR	Thomas M. Egan	2107 SE 3rd Ave.	<input type="checkbox"/> Add
		Ocala, FL 34471	<input checked="" type="checkbox"/> Remove
MGR	Paula L. Stauss	6184 NE 69 <sup>th</sup> St.	<input checked="" type="checkbox"/> Add
		Silver Springs, FL	<input type="checkbox"/> Remove
		34488	
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove

D. If amending any other information, enter change(s) here: *(Attach additional sheets, if necessary.)*

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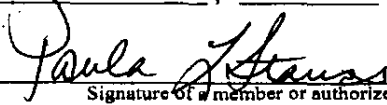
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E. Effective date, if other than the date of filing: \_\_\_\_\_ (optional)

(The effective date must be specific, cannot be prior to date of receipt or filed date and cannot be more than 90 days after the date this document is filed by the Florida Department of State)

Dated August 4th, 2014



Signature of a member or authorized representative of a member

Paula L. Stauss

Typed or printed name of signee