

L13000124473

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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(Business Entity Name)

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13 OCT 16 AM 10:41
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

T. Burch OCT 18 2013

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Addison Falls 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:

Richard Witcher

Name of Person

Addison Falls LLC

Firm/Company

3505 Lake Lynda Dr. Suite 237

Address

Orlando, FL 32817

City/State and Zip Code

lumberman117@yahoo.com

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

For further information concerning this matter, please call:

Richard Witcher

Name of Person

at (407) 733-0770

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**

Addison Falls 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 09/04/2013 and assigned
Florida document number L13000124473

This amendment is submitted to amend the following:

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

N/A

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:

N/A

(Principal office address MUST BE A STREET ADDRESS)

Enter new mailing address, if applicable:

N/A

(Mailing address MAY BE A POST OFFICE BOX)

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13 OCT 18 AM 10 41
CLERK OF STATE
TALLAHASSEE, FLORIDA

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:

Ingrid Fleming

New Registered Office Address:

12981 Lexington Summit Sy

Enter Florida street address

Orlando

Florida 32828

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.

Ingrid Fleming
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

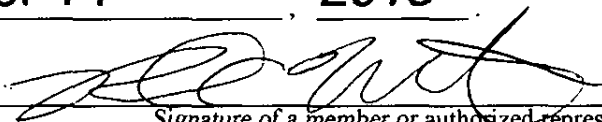
<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGR	Richard Witcher	2101 Vista Parkway	☐ Add
		West Palm Beach, FL 33411	☒ Remove
MGR	Ingrid Fleming	12981 Lexington Summit St	☒ Add
		Orlando, FL 32828	☐ Remove
			☐ Add
			☐ Remove
			☐ Add
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			☐ Remove

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 TALLAHASSEE, FLORIDA

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

N/A

Dated October 14, 2013



Signature of a member or authorized representative of a member

Richard Witcher

Typed or printed name of signee

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Filing Fee: \$25.00

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