L14 000010964

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LETTERS FEB 0 4 2013

COVER LETTER

TO: **Registration Section Division of Corporations**

GERALDTON INVESTMENTS, 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:

Dorothy Kerr

Name of Person

Geraldton Investments, LLC

Firm/Company

1014 Tony Circle

Saint Cloud, FL 34772

City/State and Zip Code

sheakerr@gmail.com

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

For further information concerning this matter, please call:

Dorothy Kerr

at (321) 402-7881

Area Code Daytime Telephone Number

Name of Person

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

GERALDION INVESTMENTS, LLC	<u> </u>		
(Name of the Limited Liability Company as it now (A Florida Limited Liability Com	appears on our records.) pany)		
The Articles of Organization for this Limited Liability Company were filed on January 21, 2014 and assigned Florida document number L14000010964			
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited liability compa	any here:		
The new name must be distinguishable and end with the words "Limited Liability CompanEnter new principal offices address, if applicable:	y," the designation "LLC" or the abbreviation "L.L.C."		
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(Principal office address MUST BE A STREET ADDRESS)	7 :		
	3,77		
	A see a s		
Enter new mailing address, if applicable:	<u> </u>		
(Mailing address MAY BE A POST OFFICE BOX)			
	141 142 143 143 143 143 143 143 143 143 143 143		
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B. If amending the registered agent and/or registered office addre	ess on our records, enter the name of the ne		
registered agent and/or the new registered office address here:			
Name of New Registered Agent:			
New Registered Office Address:			
En	ster Florida street address		

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.

City

If Changing Registered Agent, Signature of New Registered Agent

Florida

Zip Code

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

MGR = Manager AMBR = Authorized Member **Title Name Address Type of Action Timothy Majors MGR** 2106 N. Orange Ave, Suite 200 Orlando, FL 32804 ☐ Remove ☐ Add □ Remove _□ Add □ Remove □ Remove □ Add □ Remove □ Add

☐ Remove

is smeading any other information,	enter change(s) here: (Attach a	dditional sheets, if necessary.)
· · · · · · · · · · · · · · · · · · ·		
Effective date, if other than the date (The effective date must be specific, cannot be p the date this document is filed by the Flurida D	rior to date of receipt or filed date and or	(optional)
Dated January 28,	2014	
Vacalet SK)	
, -	tre of a member or authorized represen	ntative of a member
Dorothy Kerr		
	Typed or printed name of sig	nec

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Filing Fee: \$25.00

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