# L14000017703

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# **COVER LETTER**

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TO: Registration Section Division of Corporations
SUBJECT: ESCAPE Trailers, 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:
TAMES TURLEY Name of Person
Escape Trailers, LLC Firm/Company
13217 N. Nebroska Aue, Ste B
Tampa, FL 33612  City/State and Zip Code  info @ escape trailers. com
E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
TAMES TURLEY at (813) 381-6492  Name of Persor. Area Code Daytime Telephone Number
Enclosed is a check for the following amount:
\$25.00 Filing Fee \$\Bigcup \text{\$30.00 Filing Fee & Certificate of Status}\$\$\$ Certified Copy (additional copy is enclosed) \$\Bigcup \text{\$60.00 Filing Fee, 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

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 Old 27 14 and ass Florida document number L1400017703.  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 "I Enter new principal offices address, if applicable:	
Florida document number L1400017703.  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 "I	
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 "I	igned
The new name must be distinguishable and end with the words "Limited Liability Company," the designation "LLC" or the abbreviation "I	
°rg. ►⊃	
Enter new principal offices address, if applicable:	L.C."
(Principal office address MUST BE A STREET ADDRESS)	7
Enter new mailing address, if applicable:	
(Mailing address MAY BE A POST OFFICE BOX)	
B. If amending the registered agent and/or registered office address on our records, enter the name registered agent and/or the new registered office address here:	of the new
Name of New Registered Agent:	
New Registered Office Address:	
Enter Florida street address	
	<del></del>

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.

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 = A	uthorized Member		
<u>Title</u>	<u>Name</u>	Address	Type of Action
AMBR	JIM TURLEY	4110 W. OBISPO 57	Add
		4110 W. OBISPO 57 TAMPA, FL 33629	□ Remove
			□ Remove
Angert amount of the Antonio			
			Remove
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effective date must b	ner than the date of filin e specific, cannot be prior to da s filed by the Florida Departme	g: 2/12/14  tte of receipt or filed date and can nt of State)	(optional) not be more than 90 days after
ed FEBA	QUAR 12	, <u>2014</u> .	
	/ (		

Page 3 of 3

Filing Fee: \$25.00

