

L14000041367

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

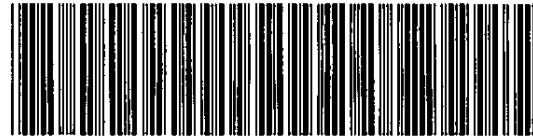
(Business Entity Name)

(Document Number)

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B. BOSTICK  
APR - 3 2014  
EXAMINER

## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: THE SHOP AT FRANKLIN PRESS, 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:

DONNA DUNCAN

Name of Person

SANDERS AND DUNCAN, P.A.

Firm/Company

P.O. BOX 157

Address

APALACHICOLA, FL 32329

City/State and Zip Code

ddduncan@fairpoint.net

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

For further information concerning this matter, please call:

Donna Duncan

Name of Person

at 850 653-8976

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**

**THE SHOP AT FRANKLIN PRESS, 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 03/12/2014 and assigned  
Florida document number L140000413667

This amendment is submitted to amend the following:  
L140000413667

**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:**

**(Principal office address MUST BE A STREET ADDRESS)**

**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 of the new registered agent and/or the new registered office address here:**

Name of New Registered Agent:

SANDERS AND DUNCAN, P.A.

New Registered Office Address:

80 MARKET STREET

Enter Florida street address

APALACHICOLA

, Florida 32320

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 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.*

Donna Duncan, VP  
**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	DEBBIE POLORONIS	227 AVE F	<input type="checkbox"/> Add
		APALACHICOLA, FL	<input checked="" type="checkbox"/> Remove
		32320	
MGR	MILTON WARD	162 22ND AVE	<input type="checkbox"/> Add
		APALACHICOLA, FL	<input checked="" type="checkbox"/> Remove
		32320	
MGMBR	DEBBIE POLORONIS	227 AVE F	<input checked="" type="checkbox"/> Add
		APALACHICOLA, FL	<input type="checkbox"/> Remove
		32320	
MGMBR	CHRISTEY KIRVIN	66 WADDELL ROAD	<input checked="" type="checkbox"/> Add
		APALACHICOLA, FL	<input type="checkbox"/> Remove
		32320	
MGMBR	ANDREA DUVAL	P.O. BOX 66	<input checked="" type="checkbox"/> Add
		APALACHICOLA, FL	<input type="checkbox"/> Remove
		32320	
			<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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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 MARCH 21, 2014

Signature of a member or authorized representative of a member

DEBBIE POLORONIS, MGMBR

Typed or printed name of signee

2014 MAR 21 PM 2:46  
CLERK OF COURT  
CLERK OF COURT