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#### **COVER LETTER**

Div	rision of Corp	porations			
UBJECT:		rprises, LLC			
DDJEC1.	Name of Limited Liability Company				
he enclosed	d Articles of A	Amendment and fee(s) are subt	mitted for filing.		
lease return	all correspo	ndence concerning this matter	to the following:		
		Kathleen T. Fulton			
			Name of Person		
		Fulton Enterprises, LLC			
			Firm/Company		
4117 Little Road, Suite 101					
		-	Address		
		Trinity, FL 34655			
		kfulton1@tampabay.rr.com	City/State and Zip Code		
		E-mail address: (t	to be used for future annual report notifi	cation)	
for further in	nformation co	oncerning this matter, please ca	dl:		
Cathleen T.	Fulton		727 376-8000 at ()		
	Name of	Person	at () Area Code Daytime	Telephone Number	
Enclosed is a	a check for th	e following amount:			
□ \$25.00 F	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 tadditional copy is enclosed	

MAILING ADDRESS:

**Registration Section** 

TO:

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

Fulton Enterprises, LLC

(Name of the Limited Liability Company as it now appears organt records q \$9 3 52

The Articles of Organization for this Limited 1	Liability Company were filed on	July 24: 2014
Florida document number L14000116825		
This amendment is submitted to amend the fol	llowing:	
A. If amending name, enter the new name	of the limited liability company	here:
The new name must be distinguishable and contain the	words "Limited Liability Company," if	ne designation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if appli	cable:	
(Principal office address MUST BE A STRE	ET ADDRESS)	
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE	<u></u>	
B. If amending the registered agent and registered agent and/or the new registered of		on our records, enter the name of the new
Name of New Registered Agent:	Kathleen T. Fulton	
New Registered Office Address:	4117 Little Road, Suite 101	
	Enter 1	Florida street address
	Trinity	, Florida 34655
	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.

Kathles T. Fultor-If Changing Registered Agent, Signature of New Registered Agent

## If amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added or removed from our records:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
MGR	Kathleen T. Fulton		
		<del></del>	Remove
		4117 Little Road, Suite 101 Trinity, FL 34655	🖶 Change
		, <u>188</u>	Add
			□ Remove
			Change
			□ Remove
		<del></del>	Change
	<del></del>		Add
			Remove
			☐ Change
		<del></del>	Add
			Remove
			Change
			☐ Remove
			Change

). II ame	nding any other information, enter change(s) here: (Attach additional sheets, if necessary.)
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(lf an eff Note:	ve date, if other than the date of filing:
	ord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: 90th day after the record is filed.
Dated	september 16. 2019.
	September 16 2019.  Rathleen T. Fultor  Signature of a member or authorized representative of a member
	Kathleen 7. Fulton Typed or printed name of signce

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Filing Fee: \$25.00