

L14000124999

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

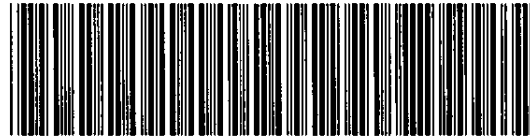
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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

11/26/2014

**SHEFTALL · TORRES**  
ATTORNEYS AT LAW

John T. Sefton, Of Counsel

November 25, 2014

**via FEDERAL EXPRESS**

Florida Secretary of State  
Registration Section  
Division of Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, FL 32301

**Re: Articles of Amendment – Thomaston Plant Management, LLC  
(Florida Document Number: L14000124999)**

To Whom It May Concern:

Enclosed you will find a copy of the Articles of Amendment of Thomaston Plant Management, LLC. I have also enclosed our firm trust account check #1228 in the amount of \$25.00 representing payment in full of the filing fee for the Articles of Amendment. Should you require anything further or have any questions, please feel free to call or email me.

Best regards,



Austin J. Dragoo  
Sheftall & Torres, P.A.  
Direct: (904) 638-3995  
Email: ADragoo@sheftalltorres.com

Enclosures

## COVER LETTER

**TO: Registration Section  
Division of Corporations**

**SUBJECT: Thomaston Plant Management, 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:

Austin J. Dragoo

Name of Person

Sheftall & Torres, P.A.

Firm/Company

1 Independent Drive, Suite 3201

Address

Jacksonville, FL 32202

City/State and Zip Code

ADragoo@sheftalltorres.com

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

For further information concerning this matter, please call:

Austin J. Dragoo

904 638-3995  
at ( )

Name of Person

Area Code

Daytime Telephone Number

Enclosed is a check for the following amount:

- |  |  |  |  |
|--|--|--|--|
| <input checked="" type="checkbox"/> \$25.00 Filing Fee | <input type="checkbox"/> \$30.00 Filing Fee &<br>Certificate of Status | <input type="checkbox"/> \$55.00 Filing Fee &<br>Certified Copy<br>(additional copy is enclosed) | <input type="checkbox"/> \$60.00 Filing Fee,<br>Certificate of Status &<br>Certified Copy<br>(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**

Thomaston Plant Management, 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 August 11, 2014 and assigned  
Florida document number L14000124999

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 "L.L.C."

**Enter new principal offices address, if applicable:**

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

35 Edgewood Avenue

Thomaston, Georgia 30286

**Enter new mailing address, if applicable:**

**(Mailing address MAY BE A POST OFFICE BOX)**

620 North Campbell Station Road

Station West, Suite 22

Knoxville, TN 37934

**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:

New Registered Office Address:

Enter Florida street address

City, **Florida**

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.*

**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	John T. Sefton	1 Independent Drive	<input type="checkbox"/> Add
		Suite 3201	<input checked="" type="checkbox"/> Remove
		Jacksonville, FL 32202	
MGR	Daniel A. Roling	620 North Campbell Station Road	<input checked="" type="checkbox"/> Add
		Station West, Suite 22	<input type="checkbox"/> Remove
		Knoxville, TN 37934	
MGR	Wayne Coverdale	3212 Wickford Drive	<input checked="" type="checkbox"/> Add
		Wilimington, NC 28409	<input checked="" type="checkbox"/> Remove
MGR	William A. McArthur	569 Edgewood Avenue South	<input checked="" type="checkbox"/> Add
		Jacksonville, FL 32202	<input type="checkbox"/> Remove
MGR	Charles N. Hendrix	4728 Avon Lane	<input checked="" type="checkbox"/> Add
		Jacksonville, FL 32210	<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove

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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 October 22<sup>nd</sup>, 2014

\_\_\_\_\_  
Signature of a member or authorized representative of a member

John T. Sefton

\_\_\_\_\_  
Typed or printed name of signee

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Filing Fee: \$25.00

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