

L15000067520

\_\_\_\_\_  
(Requestor's Name)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

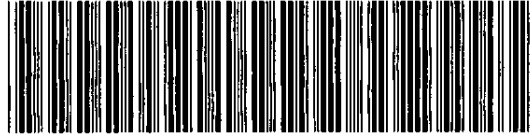
\_\_\_\_\_  
(Business Entity Name)

\_\_\_\_\_  
(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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15 AUG -5 AM 11:43  
CLERK OF STATE  
TALLAHASSEE, FLORIDA

AUG 10 2015

Y SULKER

**GEORGE E. FLETCHER  
4510 NW 6<sup>TH</sup> PLACE, 3<sup>RD</sup> FLOOR  
GAINESVILLE, FLORIDA 32607**

August 3, 2015

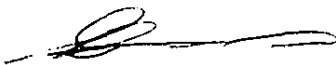
Florida Department of State  
Registration Section  
Division of Corporations  
P O Box 6327  
Tallahassee, FL 32314

To Whom It May Concern:

Please find enclosed Articles of Amendment to Articles of Organization of Durden Family Trust, LLC. We are changing the name, address, Registered Agent and Authorized Person for this LLC. I hereby affirm that I am familiar with the obligations of the position of Registered Agent and I accept these obligations as well as the appointment of this position.

If you have questions, please contact me at our office 352-224-6400.

Sincerely,

A handwritten signature in black ink, appearing to be "George E. Fletcher", written over a horizontal line.

George E. Fletcher

## COVER LETTER

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** DURDEN FAMILY TRUST 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:

GEORGE E FLETCHER

\_\_\_\_\_  
Name of Person

GLORIA'S WAY LLC

\_\_\_\_\_  
Firm/Company

4510 NW 6TH PLACE, 3RD FLOOR

\_\_\_\_\_  
Address

GAINESVILLE, FL 32607

\_\_\_\_\_  
City/State and Zip Code

BLAKE@BLAKEFLETCHER.COM

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

For further information concerning this matter, please call:

BLAKE FLETCHER

352 224-6400  
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**

DURDEN FAMILY TRUST 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 04/17/2015 and assigned  
Florida document number L15000067520.

This amendment is submitted to amend the following:

**A. If amending name, enter the new name of the limited liability company here:**

GLORIA'S WAY LLC

The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."

Enter new principal offices address, if applicable:

4510 NW 6TH PLACE, 3RD FLOOR

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

GAINESVILLE, FL 32607

Enter new mailing address, if applicable:

4510 NW 6TH PLACE, 3RD FLOOR

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

GAINESVILLE, FL 32607

**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:

GEORGE E. FLETCHER

New Registered Office Address:

4510 NW 6TH PLACE, 3RD FLOOR

*Enter Florida street address*

GAINESVILLE

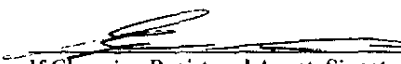
, Florida 32607

*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.*

  
**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>	<u>Address</u>	<u>Type of Action</u>
MGR	JON DURDEN	12672 SW 95TH PLACE	<input type="checkbox"/> Add
		DUNNELLON, FL 34432	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	GEORGE E. FLETCHER	4510 NW 6TH PLACE	<input checked="" type="checkbox"/> Add
		GAINESVILLE, FL 32607	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
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			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

15 APR - 5 PM 11:30  
 TALLAHASSEE FLORIDA  
 STATE OF FLORIDA  
 DEPARTMENT OF STATE

**D. If amending any other information, enter change(s) here:** *(Attach additional sheets, if necessary.)*

ALL INFORMATION CONTAINED  
HEREIN IS UNCLASSIFIED  
DATE 08-11-2011 BY 60322  
ALL INFORMATION CONTAINED  
HEREIN IS UNCLASSIFIED  
DATE 08-11-2011 BY 60322

15 AUG -5 AM 11:43  
ALLAHASSEE, FLORIDA

**E. Effective date, if other than the date of filing:** \_\_\_\_\_ (optional)

(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b)

**Note:** If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of:

(b) The 90th day after the record is filed.

Dated Aug 3, 2015.

*[Signature]*

Signature of a member or authorized representative of a member

GEORGE E. FLETCHER

Typed or printed name of signee