L15000115533

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COVER LETTER

	gistration Sec rision of Corp			
CUDIECT.	FRANKLIN	FRAMERS LLC		
SUBJECT:		Name of Lim	ited Liability Company	
The enclosed	d Articles of A	mendment and fee(s) are sub-	mitted for filing.	
Please return	all correspon	dence concerning this matter	to the following:	
		RANDALL SULLIVAN		
		- ", , , , , , , , , , , , , , , , , , ,	Name of Person	
		FRANKLIN FRAMERS L	LC	
			Firm/Company	
		52 BAYVIEW DR		
			Address	
		APALACHICOLA, FL 32	320	
			City/State and Zip Code	
		faithrealty@hotmail.com	10.0	· · · · · · · · · · · · · · · · · · ·
		·	to be used for future annual report notifi	cation)
For further in	nformation co	ncerning this matter, please ca	ग्रा:	
John Howar	rd.		850 323-2855	
	Name of	Person	at () Area Code Daytime	Telephone Number
Enclosed is	a check for the	e following amount:		
■ \$25.00 F	iling 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

FRANKLIN FRAMERS LLC	
(Name of the Limited Liability Com (A Florida Limite	pany as it now appears on our records.) d Liability Company)
The Articles of Organization for this Limited Liability Compar Florida document number <u>L15000115533</u>	by were filed on $07/06/2015$ and assigned
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited lig	ability company here:
The new name must be distinguishable and contain the words "Limited Lia Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS)	bility Company," the designation "LLC" or the abbreviation "L.L.C."
Enter new mailing address, if applicable:	FIL SECRE AR ALLAHASS
(Mailing address MAY BE A POST OFFICE BOX)	
B. If amending the registered agent and/or registered registered agent and/or the new registered office address he	office address on our records, enter the name of the new
Name of New Registered Agent:	
New Registered Office Address:	
	Enter Florida street address

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.

City

If Changing Registered Agent, Signature of New Registered Agent

Florida

Zip Code

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>	Type of Action
MGR	EUGENE R RAFFIELD JR	682 RIDGE RD	Add
		EASTPOINT, FL 32328	Remove
			□ Change
			Add
			Remove
			Change
			77 AB
			Remove SSRY
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				9/17/15					
n effectiv	date, if other the date is listed, the	date must be s	pecific and ca	ennot be prio	to date of fil	ing or more th	an 90 days afte	r filing.) Pursuant	to 605.020
	ne date inserted i s effective date o					ory filing req	uirements, th	is date will not b	e listed a
		· · · · · · · · · · · · · · · · · · ·							
record	l specifies a c	lelayed eff	ective da	te, but no	t an effe	ctive time	, at 12:01	a.m. on the	earlier o
The 901	th day after t	he record	is filed.						
9/17	7/15								
ted)		<u> </u>	<u> </u>	/	/		
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Page 3 of 3

Typed or printed name of signee

Filing Fee: \$25.00