

L1700019208

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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PICK-UP

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WAIT

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MAIL

(Business Entity Name)

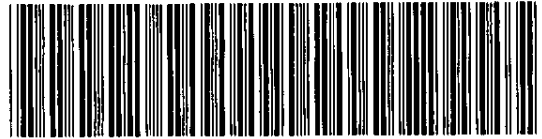
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FILED
18 FEB 27 PM 1:00
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

J. LEGGETT
FEB 28 2018

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT:

Semper Fi Supplies, 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:

Hester Emis
Name of Person
Semper Fi Supplies, LLC
Firm/Company
2042 SW OXBOW WAY
Address
Palm City, FL 34990
City/State and Zip Code
hesteremis@ipccmail.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Aimee Godeff at 772 224-1153
Name of Person 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)

ALREADY SENT

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

RECEIVED

FEB 28 2013

74

**ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF**

Semper F I Supplies 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 05/30/17 and assigned Florida document number L17000119208

This amendment is submitted to amend the following:

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

Auston Land Development, 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:

(Principal office address MUST BE A STREET ADDRESS)

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

2042 SW Oxbow Way
Palm City, FL 34990

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

_____, Florida _____
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>
AMBR		Kimmie Goodell	<input checked="" type="checkbox"/> Add
		242 SW Olsen Way	<input type="checkbox"/> Remove
		Palm City, FL 34990	<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
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18 FEB 27 PM 1:01
STATE
TALLAHASSEE FL 32304

FILED
18 FEB 27 PM 1:01
ST. LOUIS, MO
FALLACSE, EDWARD

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.

Dated February 2, 2018


Signature of a member or authorized representative of a member

Houshan H. Zang
Typed or printed name of signee