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## COVER LETTER

TO:

Registration Section Division of Corporations

TERRY WAYNE NETHERTON LLC SUBJECT: 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: TERRY NETHERTON Name of Person Firm/Company 3307 DZURO DRIVE Address OXFORD, FLORIDA 34484 City/State and Zip Code TERRY.NETHERTON@THEVILLAGES.COM E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: DANIELLE ELLIOTT 399-0842 Name of Person Daytime Telephone Number Enclosed is a check for the following amount: ■ \$25.00 Filing Fee ☐ \$30.00 Filing Fee & □ \$55.00 Filing Fee & □ \$60.00 Filing Fee. Certificate of Status Certified Copy Certificate of Status & (additional copy is enclosed) Certified Copy (additional copy is enchand) Mailing Address: Street Address: Registration Section Registration Section **Division of Corporations** Division of Corporations P.O. Box 6327 The Centre of Tallahassee Tallahassee, FL 32314 2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

TERRY WAYNE NETHERTON, LLC		
( <u>Name of the Limited Liability</u> (A Florida L	Company as it now appears on our records.) Limited Liability Company)	<del></del>
The Articles of Organization for this Limited Liability Con	mpany were filed on OCTOBER 17, 2019	and assigned
Florida document number L19000261123	-	
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limite	ed liability company here:	
TERRY W. NETHERTON, LLC		
The new name must be distinguishable and contain the words "Limite	ed 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 ADDRE	ess)	203
		=== = m
		3 <u> </u>
Enter new mailing address, if applicable:		$\omega$ $\Pi$
(Mailing address MAY BE A POST OFFICE BOX)		
Mulling uturess INAT DE ATOST OFFICE DON		5
		<del></del>
B. If amending the registered agent and/or registered agent and/or the new registered office address here:	office address on our records, <u>enter the n</u>	ame of the new register
Name of New Registered Agent:		
The state of the s		
New Registered Office Address:	Enter Florida street address	<u> </u>
	Enter r tortaa street aaaress	
	, Florida	
	City	Zin 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 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
			□Add
		□Remove	
			□Change
			□Remove
			□Change
<del></del>			
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			□Remove
			Change

KEQUIKES IN	AME READ AS REAL ESTATE LICENSE WAS ORIGINALLY FILED. ARTICLES
OF AMENDM	IENT ARE BEING PREPARED TO ELIMINATE THE FULL MIDDLE NAME OF THE
LLC AND ON	NLY INDICATING MIDDLE INITIAL "W". ALL MEMBERS MET REGARDING NAME
CHANGE AN	D AGREED AMENDMET NEEDED TO BE COMPLETED IN ORDER TO HAVE REAL
ESTATE LICE	ENSE CHANGED TO INCLUDE LLC.
effective date is lis e: If the date ins	ther than the date of filing:
ord specifies a d filed.	lelayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after
edFEBRUARY	10 , 2020 /

Filing Fee: \$25.00