

LN 000029733

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

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WAIT

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MAIL

(Business Entity Name)

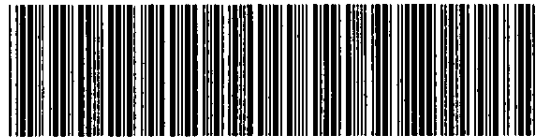
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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2010 JAN 25 AM 10:57

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T. CLINE

JAN 26 2010

EXAMINER

NOVAK LAW OFFICES

ATTORNEYS AT LAW

JEREMY T.M. NOVAK*
JOSEPH S. NOVAK**
JUDITH A. NOVAK*
DOUGLAS L. NOVAK*

* Member FL & NJ Bar
** Member of NJ Bar & Of Counsel (FL)
* Member of PA & NJ Bar
* Member of SC Bar & Of Counsel (FL)

Florida Offices
209 7th STREET
PORT ST. JOE, FLORIDA 32456

TEL. (850) 229-4700
TELEFAX (850) 229-1148
www.NovakLaw.us

January 20, 2010

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Re: **Amendment for Florida Limited Liability Company**
The Fuss, LLC

Dear Registration Section:

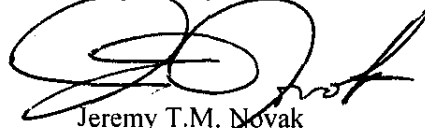
Enclosed please find the completed amendment for the above Florida Limited Liability Company. Also enclosed please find the check (#1357) in the amount of \$25.00 representing the amendment filing fees by your department.

Kindly return all correspondence and confirmation of the reinstatement to our offices at:

Novak Law Offices, PLLC
c/o Jeremy T.M. Novak, Esq.
209 7th Street
Port St. Joe, Florida 32456
(850) 229-4700

Thank you for your anticipated cooperation and assistance in this regard.

Respectfully submitted,


Jeremy T.M. Novak
Novak Law Offices, PLLC

Encl.

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: The Fuss, 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:

Jeremy T.M. Novak, Novak Law Offices PLLC

(Name of Person)

Novak Law Offices, PLLC

(Firm/Company)

209 7th Street

(Address)

Port St. Joe, Florida 32456

(City/State and Zip Code)

For further information concerning this matter, please call:

Jeremy T.M. Novak

(Name of Person)

at (850) 250-1117

(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 &
Certificate of Status | <input type="checkbox"/> \$55.00 Filing Fee &
Certified Copy
(additional copy is enclosed) | <input type="checkbox"/> \$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

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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

The Fuss, 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 March 20, 2007 and assigned
Florida document number L07000029733.

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."

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 608, 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 Managing Members on our records, enter the title, name, and address of each Manager or Managing Member being added or removed from our records:

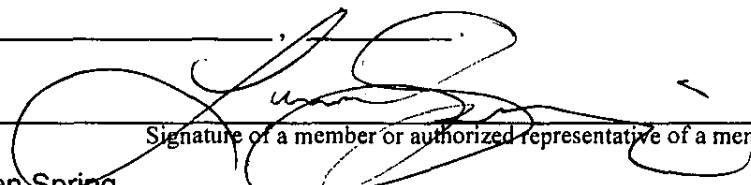
MGR = Manager
MGRM = Managing Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGRM	Lauren Spring	110 Good Morning Street Suite 102 Port St. Joe, Florida 32456	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
MEMB	Samuel R. Spring	110 Good Morning Street Suite 102 Port St. Joe, Florida 32456	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
MEMB	Stewart Haire	110 Good Morning Street Suite 102 Port St. Joe, Florida 32456	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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

Dated _____



Signature of a member or authorized representative of a member
Lauren Spring

Typed or printed name of signee