

L17 000 237163

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

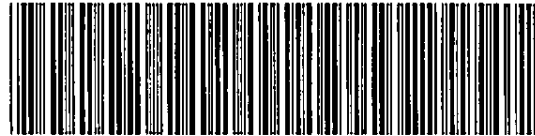
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



000306394210

12/12/17--01010--032 **25.00

2017 DEC 11 AM 9:15
FALLA VASCO, J. J.

2017 DEC 11 AM 11:49
FALLA VASCO, J. J.

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: CELTIC HERITAGE, 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:

SARAH MARCILLE WALLIS
Name of Person
CELTIC HERITAGE, LLC
Firm/Company
29129 JOHNSTON ROAD #1442
Address
DADE CITY, FL 33523
City/State and Zip Code
MARCILLE@MARCILLEWALLIS.COM
E-mail address (to be used for future annual report notification)

For further information concerning this matter, please call:

SARAH MARCILLE WALLIS 941 625-8544
Name of Person at (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

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

CELTIC HERITAGE, 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 NOVEMBER 16, 2017 and assigned Florida document number 117000237163.

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 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)

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:

SARAH MARCHLE WALLIS

New Registered Office Address:

29129 JOHNSTON ROAD #1442

Enter Florida street address

DADE CITY

Florida

33523

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	SARAH MARCILLE WALLIS	29129 JOHNSTON ROAD #1442	<input checked="" type="checkbox"/> Add
		DADE CITY, FL 33523	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMBR	MARCILLE WALLIS	29129 JOHNSTON ROAD #1442	<input type="checkbox"/> Add
		DADE CITY, FL 33523	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

17 DEC 11 AM 11:49

17 DEC 11 AM 11:45

SECRETARY OF THE
ITALIAN SOCIETY

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 Dec 7, 2017
Paul M. Wall
 Signature of a member or authorized representative of a member

Typed or printed name of signee