

L10000061563

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

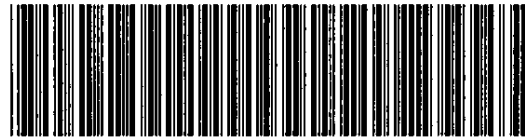
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*Amend*

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13 SEP 25 PM 2:02

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

15 Burch SEP 26 2013

## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: Mr. C's Headquarters 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:

Joseph A Lefebvre  
Name of Person  
Mr. C's Headquarters, LLC  
Firm/Company  
1020 Del Prado Blvd Unit C  
Address  
Cape Coral, FL 33990  
City/State and Zip Code  
27fabre@embargo@mail.com  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Joseph A Lefebvre at (239) 336-4102  
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)

**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**

Mr. C's Headquarters, 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 6/9/2010 and assigned  
Florida document number L100000615163.

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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."

Enter new principal offices address, if applicable:

(Principal office address MUST BE A STREET ADDRESS)

1020 Del Prado Blvd S Unit C  
Cape Coral, FL 33990

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

1020 Del Prado Blvd S Unit C  
Cape Coral, FL 33990

**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:

1020 Del Prado Blvd S Unit C  
*Enter Florida street address*  
Cape Coral, Florida 33990  
*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>
MGR	Joseph A Lefebvre	2121 SW 20 <sup>th</sup> Ave	<input checked="" type="checkbox"/> Add
		Cape Coral FL 33991	<input type="checkbox"/> Remove
MGRM	Jessica D Lefebvre	2121 SW 20 <sup>th</sup> Ave	<input checked="" type="checkbox"/> Add
		Cape Coral, FL 33991	<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
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			<input type="checkbox"/> Remove

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

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Dated September 20, 2013.

Jessica Lefebvre

Signature of a member or authorized representative of a member

Jessica Lefebvre

Typed or printed name of signee

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Filing Fee: \$25.00

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