

L01 000000201

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

D. SCOTT

OCT 10 2016



FLORIDA DEPARTMENT OF STATE
Division of Corporations

September 26, 2016

IONA EDWARDS FAMILY L.L.C.
1425 W MAIN ST
BARTON, FL 33830

SUBJECT: IONA EDWARDS FAMILY L.L.C.
Ref. Number: L01000000201

2017 OCT -6 PM 11:27
TALLAHASSEE, FLORIDA

We have received your document for IONA EDWARDS FAMILY L.L.C. and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Page 1 of 3 is missing.

We are enclosing the proper form(s) with instructions for your convenience.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Dionne M Scott
Regulatory Specialist II

Letter Number: 916A00020659

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TALLAHASSEE, FLORIDA

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: IONA EDWARDS FAMILY L.L.C.
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:

Randal T. EDWARDS

Name of Person

IONA EDWARDS FAMILY L.L.C.

Firm/Company

1425 W. MAIN ST.

Address

BARTON FL 33830

City/State and Zip Code

randy @ edwardschrysler.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Randal T. EDWARDS

Name of Person

at (863)

Area Code

863-581-4345

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

FILED
16 OCT 16 PM 3:08
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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

IONA EDWARDS FAMILY 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 JAN 2, 2001 and assigned Florida document number LC01000000201

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: Randal T. EDWARDS

New Registered Office Address: 1425 WEST MAIN ST.
Enter Florida street address

BARTON, Florida 33830
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>
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<u>MGR</u>	<u>RANDAL T. EDWARDS</u>	<u>6053 MOUNTAIN LAKE DR.</u>	<input checked="" type="checkbox"/> Add
		<u>LAKE LAND, FL 33813</u>	<input type="checkbox"/> Remove

			<input checked="" type="checkbox"/> Change
--	--	--	--

<u>AMBR</u>	<u>JONA D. EDWARDS</u>	<u>721 MARTINIQUE CIRCLE</u>	<input type="checkbox"/> Add
		<u>LAKE LAND, FL 33803</u>	<input type="checkbox"/> Remove

			<input checked="" type="checkbox"/> Change
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			<input type="checkbox"/> Add
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			<input type="checkbox"/> Remove
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TALLAHASSEE, FLORIDA

16 OCT - 6 PM 3: 08
TALLAHASSEE, FLORIDA
SECURITY DIVISION
FBI

FILED
16 OCT -6 PM 3:08
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FBI

9-20-16

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 9.20, 2016

~~Signature of a member or authorized representative of a member~~

Randal T. Edwards

Typed or printed name of signee