

L03000025648

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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(Business Entity Name)

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STATE OF FLORIDA
TALLAHASSEE, FLORIDA

B. BOSTICK

AUG 22 2011

EXAMINER

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: RIDGE ENT. 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:

GERALD Levy
Name of Person

RIDGE ENT. LLC
Firm/Company

5564 A NO. OCEAN BLVD.
Address

OCEAN RIDGE, FL 33435
City/State and Zip Code

JERRY LEVY@HOTMAIL.COM
E-mail address: (to be used for future annual report notification)

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11 AUG 19 AM 9:51
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

For further information concerning this matter, please call:

GERALD Levy
Name of Person

at (561) 732-2738 - 561-504-5295
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**

1219e ENTERPRISES 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 7/14/2003 and assigned Florida document number L03000025648.

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

RIDGE ENT. / GERALD Levy Living TRUST LLC

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)

5564'A No. OCEAN BLVD.

OCEAN RIDGE FL 33435

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:

New Registered Office Address:

Enter Florida street address

City, Florida

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

08/17/2011 11:33
08/17/2011 09:49

850-245-6030
850-245-6030

REGISTRATION SECTION
REGISTRATION SECTION

PAGE 03/03
PAGE 05/05

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

SAM R MANAGER

Title	Name	Address	Type of Action
PRES	GERALD LEW	5564A NO. OCEAN BLVD OCEAN RIDGE, FL 32035	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
PRES	GERALD LEW		<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

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

Dated _____

Gerald Levy

Signature of a member or authorized representative of a member

GERALD LEW

Typed or printed name of signer

Page 2 of 2

Filing Fee: \$25.00

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11 AUG 19 AM 9:51
SECRETARY OF STATE
TALLAHASSEE, FLORIDA



FLORIDA DEPARTMENT OF STATE
Division of Corporations

August 17, 2011

GERALD LEVY
RIDGE ENT. LLC
5564A N. OCEAN BLVD.
OCEAN RIDGE, FL 33435

SUBJECT: RIDGE ENTERPRISES LLC
Ref. Number: L03000025648

We have received your document for RIDGE ENTERPRISES LLC and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Please correct the amending name

The document must be signed by a member or an authorized representative of a member.

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) 245-6028.

Barbara Bostick
Regulatory Specialist II

Letter Number: 911A00019279