

W 3000028617

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

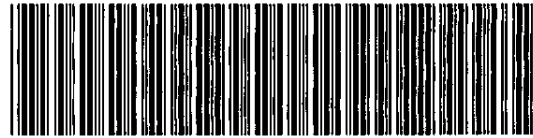
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



800210809428

08/08/11--01045--002 **50.00

2011 SEP 13 AM 9:29
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FILED

T. CLINE

SEP 14 2011

EXAMINER



FLORIDA DEPARTMENT OF STATE
Division of Corporations

August 9, 2011

MITCHELL DUTTON
8504 WOODBRIAR DRIVE
SARASOTA, FL 34238

SUBJECT: MINIATURE BEARING INDUSTRIES, LLC
Ref. Number: L03000028617

We have received your document for MINIATURE BEARING INDUSTRIES, 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):

The information you are trying to change can not be changed on the form you have submitted.

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) 245-6020.

Tammi Cline
Regulatory Specialist II

Letter Number: 311A00018661

2011 SEP 13 AM 9:20
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FILED

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: MINIATURE BEARING INDUSTRIES 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:

MITCHELL DUTTON
Name of Person

MINIATURE BEARING INDUSTRIES LLC
Firm/Company

8504 WOODBRIAR DRIVE
Address

SARASOTA, FL 34238
City/State and Zip Code

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

For further information concerning this matter, please call:

MITCHELL DUTTON at (941) 371-1655
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)

PREVIOUSLY PAID

LETTER: 311A00018661

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
2011 SEP 13 AM 9:29
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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

MINIATURE BEARING INDUSTRIES, 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 0-4-2003 and assigned Florida document number L03000028617

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)

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

FILED
2011 SEP 13 AM 9:29
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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:

8504 WOODBRIAR DRIVE

Enter Florida street address

SARASOTA

City

Florida 34238

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	DUTTON, CARIN	1465 LAND VIEW LANE OSPREY, FL 34229	☐ Add ☒ Remove
MGRM	DUTTON, CARIN	8504 WOODBRIAR DR SARASOTA, FL 34238	☒ Add ☐ Remove
			☐ Add ☐ Remove
			☐ Add ☐ Remove
			☐ Add ☐ Remove
			☐ Add ☐ Remove

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

Dated 8-25-11

FILED
2011 SEP 13 PM 9:29
SECRETARY OF STATE
TALLAHASSEE FLORIDA

[Signature]
Signature of a member or authorized representative of a member

Typed or printed name of signee