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## **COVER LETTER**

Division of Corporations
SUBJECT: Todd Everett, LCC
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:
Charles T. Everett Name of Person
Charles T. Everett  Name of Person  Todd Everett, LCC  Firm/Company
906 SW 4th Ave
OkeecHoBee, Florida 34974 City/State and Zip Code
E-mail address: (to be used for future annual cont notification)
For further information concerning this matter, please call:
Charles T. Eurett at (863) 763-3368 FEB Area Code Daytime Telephone Number To See See See See See See See See See Se
Enclosed is a check for the following amount:
\$25.00 Filing Fee \$\times \text{S30.00 Filing Fee & Certificate of Status} \text{Certified Copy (additional copy is enclosed)} \text{Certified Copy (additional copy is enclosed)} \text{Certified Copy (additional copy is enclosed)}

MAILING ADDRESS:

TO:

**Registration Section** 

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

(Name of the Limited Liability Compar (A Florida Limited L	y as it now appears on our records.) ability Company)
The Articles of Organization for this Limited Liability Company Florida document number	were filed on $\frac{2/4/2004}{}$ and assigned
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liabi	lity company here:
The new name must be distinguishable and contain the words. Limited Liabili	ty 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 of registered agent and/or the new registered office address here	fice address on our records, enter the name of the new
Name of New Registered Agent:	
New Registered Office Address:	Entery Florida street address
	Florida Zip Code
New Registered Agent's Signature, if changing Registered Agent:	DE N

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 **Type of Action** Title **Address** <u>Name</u> Paul Schoolder 4055 SE 24th Rd MAdd AMBR OKeecHoBee, FL 34974 - Remove □ Change AMBR Anthony Apostola 1375 NE 80th Ave XAdd OKeecHOBee, FL 3497 - Remove ☐ Change □ Add ☐ Remove \_□ Change A Remove 등문 N <u>Hi</u>⊟iChange ☐ Remove ☐ Change ☐ Add ☐ Remove □ Change

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Filing Fee: \$25.00