

L040000031417

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

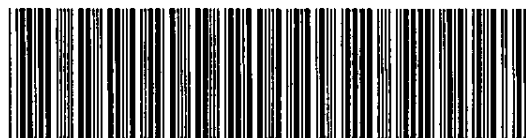
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STATE
TAXATION
DIVISION

2013 OCT -3 AM 10:27

0111

J. SAULSBERRY
EXAMINER

OCT 4 2013

COVER LETTER

TO: Amendment Section
Division of Corporations

NAME OF CORPORATION: The Jewel Box LLC

DOCUMENT NUMBER: L04000031417

The enclosed *Articles of Amendment* and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

Judith Shull

Name of Contact Person

Judith Nicewander Shull CTP ATA ABA

Firm/ Company

PO Box 2469

Address

Winter Haven, FL 33883-2469

City/ State and Zip Code

psychshull@aol.com

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

For further information concerning this matter, please call:

Judith Shull

Name of Contact Person

at (863) 206-7020

Area Code & Daytime Telephone Number

Enclosed is a check for the following amount made payable to the Florida Department of State:

☒ \$35 Filing Fee

☐ \$43.75 Filing Fee &
Certificate of Status

☐ \$43.75 Filing Fee &
Certified Copy
(Additional copy is
enclosed)

☐ \$52.50 Filing Fee
Certificate of Status
Certified Copy
(Additional Copy
is enclosed)

Mailing Address

Amendment Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street Address

Amendment Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF

The Jewel Box LLC
(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

2013 OCT -3 AM 10:27
FILED
CLERK OF CIRCUIT COURT
IN AND FOR THE COUNTY OF HAWAII

The Articles of Organization for this Limited Liability Company were filed on 4/26/2004 and assigned
Florida document number L04000031417.

This amendment is submitted to amend the following:

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

Speedy Scooter & Wheel Chair Rental LLC
The new name must be distinguishable and end with the words "Limited Liability Company," the designation "LLC" or the abbreviation "LLC."

Enter new principal offices address, if applicable:

(Principal office address MUST BE A STREET ADDRESS)

1614 Dundee Rd
Winter Haven, FL 33884

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

ATTN: Judith Shull
PO Box 2469
Winter Haven, FL 33883-2469

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:

Judith Shull ATP ABA RITP

New Registered Office Address:

PO Box 2469 1118 Cypress Pt W
Enter Florida street address

Winter Haven, Florida 33883-2469
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.

Judith Shull
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>
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
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2013 OCT 3
10:21
Add
Remove

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

Dated 9-15, 2013.

Laura G. Lynne

Signature of a member or authorized representative of a member

Laura Lynn President Managing Member

Typed or printed name of signee

Page 3 of 3

Filing Fee: \$25.00

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STATE
FILING
CLERK