

LD4000035971

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

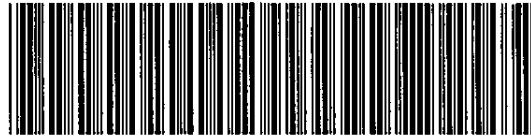
(Business Entity Name)

(Document Number)

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FILED  
2014 FEB -3 PM 3:32  
TALLAHASSEE, FLORIDA

N. Guffigan FEB -5 2014

## COVER LETTER

**TO: Registration Section  
Division of Corporations**

**SUBJECT:** ROBERT W. ORMSBY, 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:

ROBERT W. ORMSBY  
Name of Person

ROBERT W. ORMSBY, LLC  
Firm/Company

5902 PHOEBENEST DR.  
Address

LITHIA, FL 33547  
City/State and Zip Code

rormsby@tampabay.rr.com  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

ROBERT ORMSBY at (813) 215-9842  
Name of Person Area Code Daytime Telephone Number

Enclosed is a check for the following amount:

- |  |  |  |  |
|--|--|--|--|
| <input checked="" type="checkbox"/> \$25.00 Filing Fee | <input type="checkbox"/> \$30.00 Filing Fee &<br>Certificate of Status | <input type="checkbox"/> \$55.00 Filing Fee &<br>Certified Copy<br>(additional copy is enclosed) | <input type="checkbox"/> \$60.00 Filing Fee,<br>Certificate of Status &<br>Certified Copy<br>(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

FILED  
2014 FEB -3 PM 3:32  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

ROBERT W. ORMSBY, 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 5/5/04 and assigned  
Florida document number LD4000035971

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)

5902 PHOEBENEST DR.  
LITHIA, FL 33547

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

5902 PHOEBENEST DR.  
LITHIA, FL 33547

**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: \_\_\_\_\_

5902 PHOEBENEST DR.

Enter Florida street address

LITHIA

City

, Florida

33547

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 the Managers or Authorized Member on our records, enter the title, name, and address of each Manager or Authorized Member 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>
MGR M	ROBERT W. ORMSBY	5902 PHOEBENEST DR.	<input type="checkbox"/> Add
		LITHIA, FL 33547	<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
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			<input type="checkbox"/> Remove

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

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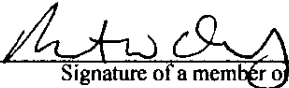
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**E. Effective date, if other than the date of filing:** \_\_\_\_\_ **(optional)**

*(The effective date must be specific, cannot be prior to date of receipt or filed date and cannot be more than 90 days after the date this document is filed by the Florida Department of State)*

Dated FEBRUARY 1, 2014, \_\_\_\_\_.

  
\_\_\_\_\_  
Signature of a member or authorized representative of a member

ROBERT W. ORMSBY  
\_\_\_\_\_  
Typed or printed name of signee

FILED  
2014 FEB -3 PM 3:32  
CLERK OF STATE  
TALLAHASSEE, FLORIDA