

LD4000036975

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

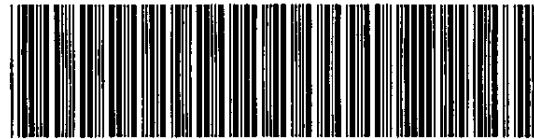
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16 OCT 21 AM 10:59
DIVISION OF CORPORATIONS

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O SIMMONS

OCT 25 2016

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: RICHARD AND GAIL JACHIMEK, 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:

RICHARD H. JACHIMEK

Name of Person

RICHARD AND GAIL JACHIMEK, LLC

Firm/Company

4409 KETTLE CREEK COURT

Address

TAMPA, FL 33624

City/State and Zip Code

rjachimek@tampabay.rr.com

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

For further information concerning this matter, please call:

RICHARD JACHIMEK

813

961-9415

at ()

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)

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**

RICHARD AND GAIL JACHIMEK, 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 5/17/2004 and assigned
Florida document number L04000036975.

This amendment is submitted to amend the following:

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

N/A

The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."

Enter new principal offices address, if applicable:

N/A

(Principal office address MUST BE A STREET ADDRESS)

Enter new mailing address, if applicable:

N/A

(Mailing address MAY BE A POST OFFICE BOX)

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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:

N/A

New Registered Office Address:

N/A

Enter Florida street address

Florida

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 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

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGR	RICHARD H. JACHIMEK	4409 KETTLE CREEK COURT	<input type="checkbox"/> Add
		TAMPA, FL 33624	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	GAIL A. JACHIMEK	4409 KETTLE CREEK COURT	<input type="checkbox"/> Add
		TAMPA, FL 33624	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	BENJAMIN A. JACHIMEK	4409 KETTLE CREEK COURT	<input type="checkbox"/> Add / KEEP
		TAMPA, FL 33624	<input checked="" type="checkbox"/> LEAVE Remove
			<input type="checkbox"/> Change
MGR	SHELLI M. ADAM	4741 COUNTRY OAKS BLVD.	<input type="checkbox"/> Add / KEEP
		SARASOTA, FL 34243	<input checked="" type="checkbox"/> LEAVE Remove
			<input type="checkbox"/> Change
MGR/AM	RICHARD H. JACHIMEK AND G	4409 KETTLE CREEK COURT	<input checked="" type="checkbox"/> Add
MGR/AMBR	GAIL A.C. JACHIMEK	TAMPA, FL 33624	<input type="checkbox"/> Remove
	LIVING TRUST		<input type="checkbox"/> Change
	RICHARD H. JACHIMEK AND C		<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

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

* To explain what we are doing, we are removing the manager/members from our family, and replacing them with
the RICHARD H. JACHIMEK AND GAIL A.C. JACHIMEK LIVING TRUST.

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DIVISION OF CORPORATIONS

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E. Effective date, if other than the date of filing: 10/18/2016 (optional)

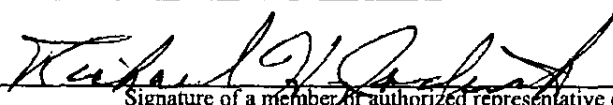
(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of:

(b) The 90th day after the record is filed.

~~2016~~ OCTOBER
Dated SEPTEMBER 18 TH 2016



Signature of a member or authorized representative of a member

RICHARD H. JACHIMEK

Typed or printed name of signee