

LO4000046670

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

(Document Number)

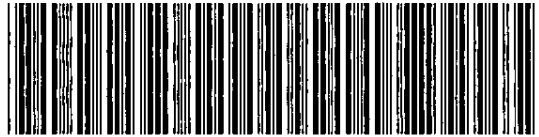
Certified Copies _____

Certificates of Status _____

Special Instructions to Filing Officer:

784 657 671

Office Use Only



600134922066

08/25/08--01003--006 **30.00

08 OCT - 1 AM 10:03
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FILED

M. THOMAS
OCT - 2 2008
EXAMINER

LO4-46670
108-46678

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Faunce Rubino Enterprises, 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:

Rebecca A. Faunce, DMD
(Name of Person)

(Firm/Company)

3108 Coastal Hwy
(Address)

St Aug., FL 32084
(City/State and Zip Code)

FILED
OCT - 1 AM 10:03
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

For further information concerning this matter, please call:

Rebecca Faunce, DMD at (904) 806-3336
(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)

Payable to:
Florida Dept of State

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



FLORIDA DEPARTMENT OF STATE
Division of Corporations

September 2, 2008

REBECCA A. FAUNCE, DMD
3108 COASTAL HWY
ST. AUGUSTINE, FL 32084

SUBJECT: FAUNCE RUBINO ENTERPRISES, LLC
Ref. Number: L04000046670

We have received your document for FAUNCE RUBINO ENTERPRISES, LLC and your check(s) totaling \$30.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The effective date must be specific and cannot be prior to the date of filing.

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) 245-6097.

Marsha Thomas
Regulatory Specialist II

Letter Number: 608A00048320

08 OCT - 1 AM 10:00
FILED
SECRETARY OF STATE
TALLAHASSEE, FLORIDA
8/25/08



FLORIDA DEPARTMENT OF STATE
Division of Corporations

September 16, 2008

REBECCA A. FAUNCE, DMD
3108 COASTAL HWY
ST. AUGUSTINE, FL 32084

SUBJECT: FAUNCE RUBINO ENTERPRISES, LLC
Ref. Number: L04000046670

We have received your document for FAUNCE RUBINO ENTERPRISES, LLC and your check(s) totaling \$30.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The effective date must be specific and cannot be prior to the date of filing.

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) 245-6097.

Marsha Thomas
Regulatory Specialist II

Letter Number: 608A00048320

FILED
08 OCT - 1 AM 10:07
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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

Faunce Rubino Enterprises, 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 6/22/04 and assigned Florida document number L04000046670.

This amendment is submitted to amend the following:

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

Rebecca Faunce Enterprises, LLC

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)

SAME

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

SAME

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:

Rebecca A. Faunce, DMD

New Registered Office Address:

(SAME) 3108 Coastal Hwy

(Enter Florida street address)

St Aug

(City)

Florida 32084

(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>
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove

FILED
OCT - 1 AM 10:00
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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

Please make name change effective

1/01/08

Thank you RAJ

Effective date 8/25/08 RAJ

Please make the effective date ~~September 30, 2008~~ October 15, 2008 RAJ

Dated 8-25-08

Signature of a member or authorized representative of a member

Rebecca A. Fanner, DMD

Typed or printed name of signee