

L04000065978

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

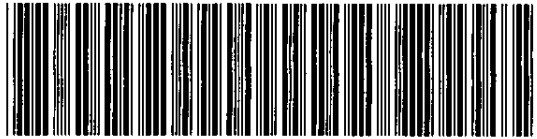
(Document Number)

Certified Copies _____

Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



300138524023

12/08/08--01034--015 **30.00

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2008 DEC -8 PM 2:44

FILED

C. LEWIS

DEC 09 2008

EXAMINER

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: The Writers Institute 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:

John Caskey
(Name of Person)

The Writers Institute LLC
(Firm/Company)

Box 18682
(Address)

Tampa, Florida 33679
(City/State and Zip Code)

For further information concerning this matter, please call:

John Caskey at (813) 251-8582
(Name of Person) (Area Code & Daytime Telephone Number)

Enclosed is a check for the following amount:

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

FILED

2008 DEC -8 PM 2:44

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

The Writers Institute 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 September 2, 2004 and assigned
Florida document number L04000065978.

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:

4017 Barcelona

(Principal office address MUST BE A STREET ADDRESS)

Tampa, Florida 33629

Enter new mailing address, if applicable:

Box 18682

(Mailing address MAY BE A POST OFFICE BOX)

Tampa, Florida 33679

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:

John Caskey

New Registered Office Address:

4017 Barcelona

(Enter Florida street address)

Tampa

(City)

, Florida 33629

(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.

John Caskey
(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>
MGRM	Joyce Caskey	4017 Barcelona Tampa, Florida 33629	<input checked="" type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
MGRM	John Caskey	John Caskey 2107 West Platt St Tampa, Florida 33629	<input checked="" type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
MGR	John Caskey	John Caskey 2107 West Platt St Tampa, Florida 33629	<input checked="" type="checkbox"/> Add <input checked="" 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

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

Dated 12/5, 2008

John Caskey MGR
Signature of a member or authorized representative of a member
John Caskey
Typed or printed name of signee

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2008 DEC -8 PM 2:44

FILED