

L05000034746 ✓

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(Address)

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(City/State/Zip/Phone #)

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B. BOSTICK

DEC 29 2011

EXAMINER

COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: SOUTHERN SCHEDULING, 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:

JUDY PERKOWSKI  
Name of Person

SOUTHERN SCHEDULING, LLC  
Firm/Company

2494 LEARNING PINE ST.  
Address

OCFEE, FL 34761  
City/State and Zip Code

SOUTHERNSCHEDULE@AOL.COM  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

JUDY PERKOWSKI at (407) 668-6000  
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

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11 DEC 27 PM 5:16  
TALLAHASSEE, FL  
STATE OF FLORIDA

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

SOUTHERN SCHEDULING, 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 4-8-05 and assigned  
Florida document number LO5000034746

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)

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

**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:

*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 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>
MGR	JUDY PERKOWSKI	2494 LEANING PINE ST. OCFEE, FL 34761	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
MGR	GEORGE PERKOWSKI	2494 LEANING PINE ST OCFEE, FL 34761	<input 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
			<input type="checkbox"/> Add <input type="checkbox"/> Remove

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

Dated 12-19-11

*Judy Perkowski*

Signature of a member or authorized representative of a member

JUDY PERKOWSKI

Typed or printed name of signee

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

11 DEC 27 PM 5:56

FILED



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

December 14, 2011

JUDY C. PERKOWSKI  
SOUTHERN SCHEDULING, LLC  
2494 LEANING PINE STREET  
OCOE, FL 34761

SUBJECT: SOUTHERN SCHEDULING LLC  
Ref. Number: L05000034746

We have received your document for SOUTHERN SCHEDULING LLC and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

We are enclosing the proper form(s) with instructions for your convenience.

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) 245-6028.

Barbara Bostick  
Regulatory Specialist II

Letter Number: 811A00027895