

LD5000/03070

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

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MAIL

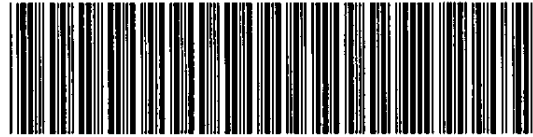
(Business Entity Name)

(Document Number)

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MAR 17 2017

## COVER LETTER

**TO: Registration Section  
Division of Corporations**

**MUSTARD SEED LLC**

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

**DAVID K. WALKER**

\_\_\_\_\_  
Name of Person

**MUSTARD SEED LLC**

\_\_\_\_\_  
Firm/Company

**6063 LAKESIDE DRIVE**

\_\_\_\_\_  
Address

**LUTZ, FLORIDA 33558**

\_\_\_\_\_  
City/State and Zip Code

**DKWALKER.ADV@GMAIL.COM**

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

For further information concerning this matter, please call:

**DAVID K. WALKER**

**813**

**625-0058**

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

**TO  
ARTICLES OF ORGANIZATION  
OF**

MUSTARD SEED 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 OCTOBER 19, 2005 and assigned  
Florida document number L05000103070.

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 contain 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)**

6063 LAKESIDE DRIVE

LUTZ, FLORIDA 33558

Enter new mailing address, if applicable:

**(Mailing address MAY BE A POST OFFICE BOX)**

6063 LAKESIDE DRIVE

LUTZ, FLORIDA 33558

**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: DAVID K. WALKER

New Registered Office Address: 6063 LAKESIDE DRIVE

*Enter Florida street address*

LUTZ, Florida 33558

*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**

or removed from our records:

**MGR = Manager**

**AMBR = Authorized Member**

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGRM	PATRICIA KENT WALKER	6063 LAKESIDE DRIVE	<input type="checkbox"/> Add
		LUTZ, FLORIDA 33558	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	HAROLD L. KENT	16310 AVILA BOULEVARD	<input type="checkbox"/> Add
		TAMPA, FLORIDA 33613	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
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RECEIVED  
FBI  
FBI  
FBI

HAROLD L. KENT IS DECEASED.

FILED

17 MAR 16 PM 2:47

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

Dated MARCH 14, 2017.



Signature of a member or authorized representative of a member

DAVID K. WALKER

Typed or printed name of signee