

L 06000006473

(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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EXAMINER



800242311798

12/03/12--01044--006 \*\*25.00

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12 DEC 31 PM 3:51  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

December 4, 2012

ELIZABETH THRELKELD ELLIS  
THRELKELD HOLDINGS, LC  
317 S.E. 3RD STREET, APT. #2  
BELLE GLADE, FL 33430

SUBJECT: THRELKELD HOLDINGS, LC  
Ref. Number: L06000006473

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TALLAHASSEE, FLORIDA

We have received your document for THRELKELD HOLDINGS, LC and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The new Registered Agent -- Elizabeth Threlkeld Ellis -- must sign the acceptance statement in Item B.

ALSO -- please note that back in 2006, when this company originally filed, it was registered under the name THRELKELD HOLDINGS, LC.

If you wish to change the name to "THRELKELD HOLDINGS LLC" with "LLC" instead of "LC" as a suffix, please list the new name THRELKELD HOLDINGS LLC in Item A.

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) 245-6051.

Buck Kohr  
Regulatory Specialist II

Letter Number: 312A00028813

**COVER LETTER**

**TO: Registration Section  
Division of Corporations**

**SUBJECT: Threlkeld Holdings 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:

**Elizabeth Threlkeld Ellis**

Name of Person

**Threlkeld Holdings LLC**

Firm/Company

**317 S.E. 3rd St. Apt. #2**

Address

**Belle Glade, FL 33430**

City/State and Zip Code

**eellisc@aol.com**

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

For further information concerning this matter, please call:

**Elizabeth Threlkeld Ellis**

Name of Person

at ( **561** ) **281-4514**

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

**FILED**  
12 DEC 31 PM 3:51  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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

Threlkeld Holdings 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 01/19/2006 and assigned  
Florida document number L06000006473

This amendment is submitted to amend the following:

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

Threlkeld Holdings, 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)**

**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: Elizabeth Threlkeld Ellis

New Registered Office Address: 317 S.E. 3rd St. Apt.#2

*Enter Florida street address*

Belle Glade, Florida 33430

*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.*

Elizabeth Threlkeld Ellis  
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	Elizabeth Threlkeld Ellis	14367 73rd ST N	<input checked="" type="checkbox"/> Add
		Loxahatchee	<input type="checkbox"/> Remove
		Fl, 33470	
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
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			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove

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

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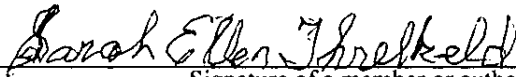
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Dated November 28th, 2012



Signature of a member or authorized representative of a member

Sarah Ellen Threlkeld

Typed or printed name of signee

**Page 3 of 3**

**Filing Fee: \$25.00**