

L060000009224

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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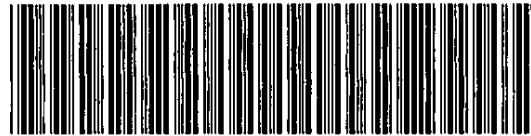
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE
TALLAHASSEE FLORIDA

N. O. JUL 29 2008



E. STEVEN LAUER, PROFESSIONAL ASSOCIATION
ATTORNEYS AT LAW

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Vero Beach, FL 32964-3343
772-234-4200
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July 24, 2008

E. Steven Lauer
Certified Will, Trusts & Estates Specialist
Certified Tax Specialist
772-234-4200
slauer@verolaw.org

Certified Mail, # 7007-3020-0001-4571-5064
Return Receipt Requested

Division of Corporations
Registration Section
P.O. Box 6327
Tallahassee, FL 32314

Re: L&L Enterprises of Indian River County, LLC

Dear Sir or Madam:

Enclosed please find the following:

1. The executed Articles of Amendment to Articles of Organization.
2. A check in the amount of Twenty-Five Dollars (\$25.00) as payment for the filing fee.

If you have any questions, please do not hesitate to contact me.

Sincerely,

E. Steven Lauer

ESL/mjd
Enclosures

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

FILED
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SECRETARY OF STATE
TALLAHASSEE FLORIDA

L&L Enterprises of Indian River County, 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 January 20, 2006 and assigned
Florida document number L06000009224.

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>
MGRM	Ruth E. Livingston	655 40th Avenue S.W. Vero Beach, FL 32968	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
MGRM	Joan L. Johnson	535 SW 39th Court Vero Beach, FL 32968	<input checked="" 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

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

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SECRETARY OF STATE
TALLAHASSEE FLORIDA

Dated 7/24/08

Joan L. Johnson
Signature of a member or authorized representative of a member
Joan L. Johnson
Typed or printed name of signee