L06000049835

(Re	questor's Name)	
(Ad	dress)	
(Ad	dress)	
(Cit	y/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Nar	ne)
(Do	cument Number)	
Certified Copies	Certificates	s of Status
Special Instructions to	Filing Officer:	

Office Use Only



900135276449

09/05/08--01009--013 **25.00

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

T. HAMPTON

SEP - 8 2008

EXAMINER

COVER LETTER

TO: Registration Section Division of Corporations							
SUBJECT: Ov	eous LLC						
	(Name of Lim	ited Liability Company)					
The enclosed Articles of A	amendment and fee(s) are sub	mitted for filing.					
Please return all correspon	dence concerning this matter	to the following:					
	Edgar O.	RAUS TIL (Name of Person)					
		(Name of Person)					
	Ovens ((Firm/Company)					
	•	(Firm/Company)					
	2027 BAY	ou Grande Blud (Address)	NE				
	St. Pete	(City/State and Zip Code)	03				
For further information con	ncerning this matter, please ca	all:					
Edger O.	Rawls	at (727) 460 - 21 (Area Code & Daytime To	75				
(Name of	Person)	(Area Code & Daytime To	elephone 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				

MAILING ADDRESS:

1.

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 STREET/COURIER ADDRESS:

(additional copy is enclosed)

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

116		•
pany as it now ap	pears on our reco	rds.)
d Liability Compar	(y)	
inv were filed on	May #5	2006 and assigned
	1	
••	•	•
ability company	<u>here</u> :	
imited Liability Co.	mpany," the design	nation "LLC" or the abbreviat
:		SEC.
		AM AM
		ASS
		E G
		문의 ^교
		ATE ATE
		<u>> 0</u>
		,
office address o <u>tere</u> :	on our records,	enter the name of the n
· · · · · · · · · · · · · · · · · · ·	· .	
	_	
	(Enter Florida s	street address)
	_, Flo	orida
(City)		(Zip Code)
	ability company mited Liability Co office address overe:	pany as it now appears on our record Liability Company) ny were filed on

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 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>	Name	Address	Type of Action
morm	Marion Rawls	2027 Bayou Grande Blud NE St. Petersburg Fr 33703	Add Remove
•	, .		
			Add Remove
			Add
· · · · · · · · · · · · · · · · · · ·			Add Remove
	•		AddRemove
			Add Remove
D If amend	ing any other information, enter change	e(s) here: (Attach additional sheets, if necessar)	
	ing any other into manda, enter change		
_ .			SE SEP
		HAVER	FIL SEP -5
		•	
Dated			1: 35
	Signature of a member	or authorized representative of a member	
•	Edgar O. Ram Typed	(S_TIL	

Page 2 of 2

Filing Fee: \$25.00