

✓  
L06000052028

\_\_\_\_\_  
(Requestor's Name)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

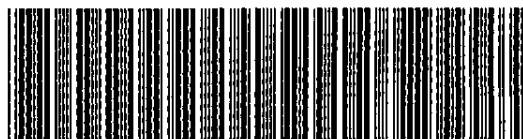
\_\_\_\_\_  
(Business Entity Name)

\_\_\_\_\_  
(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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11 OCT 20 PM 3:02  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

B. BOSTICK

OCT 21 2011

EXAMINER

## COVER LETTER

**TO: Registration Section  
Division of Corporations**

**SUBJECT: LONNIE WOFFORD CUSTOM SERVICES 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:

**MELISSA WOFFORD**

Name of Person

Firm/Company

**1370 DEBBY AVE**

Address

**PENSACOLA, FL 32514**

City/State and Zip Code

**BARROWSTAX@YAHOO.COM**

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

For further information concerning this matter, please call:

**MELISSA WOFFORD**

Name of Person

at ( **850** )

**501-1825**

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

RECEIVED  
11 OCT 20 PM 3:02  
TALLAHASSEE, FLORIDA

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

**LONNIE WOFFORD CUSTOM SERVICES 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 05/19/2006 and assigned  
Florida document number L06000052028.

This amendment is submitted to amend the following:

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

**WOFFORD CUSTOM SERVICES 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)**

1370 DEBBY AVE

PENSACOLA, FL 32514

**Enter new mailing address, if applicable:**

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

1370 DEBBY AVE

PENSACOLA, FL 32514

**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:

MELISSA WOFFORD

New Registered Office Address:

1370 DEBBY AVE

*Enter Florida street address*

PENSACOLA

Florida

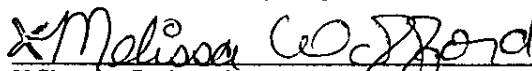
32514

*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:

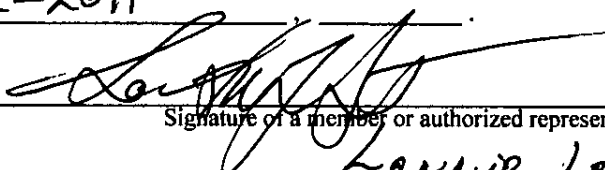
MGR = Manager  
MGRM = Managing Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGRM	LONNIE WOFFORD	1370 DEBBY AVE PENSACOLA, FL 32514	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
MGRM	MELISSA WOFFORD	1370 DEBBY AVE PENSACOLA, FL 32514	<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.)

FILED  
11 OCT 20 PM 3:02  
STATE OF FLORIDA  
TALLAHASSEE

Dated 9-2-2011

  
 \_\_\_\_\_  
 Signature of a member or authorized representative of a member  
LONNIE LEE WOFFORD  
 \_\_\_\_\_  
 Typed or printed name of signee



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

September 28, 2011

MELISSA WOFFORD  
1370 DEBBY AVENUE  
PENSACOLA, FL 32514

SUBJECT: LONNIE WOFFORD CUSTOM SERVICES, LLC  
Ref. Number: L06000052028

We have received your document for LONNIE WOFFORD CUSTOM SERVICES, LLC, however, upon receipt of your document no check was enclosed. Please return your **document** along with a **check** or **money order** made payable to the Department of State for \$25.00.

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: 211A00022391