

# L07000017992

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

K. SALLY  
EXAMINER  
MAR 28 2012

## COVER LETTER

**TO: Registration Section  
Division of Corporations**

**SUBJECT: OUR SONS, 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:

**NATALIE BURNS**  
Name of Person

**NATALIE M. BURNS, PL**  
Firm/Company

**800 VILLAGE SQUARE CROSSING, STE 337**  
Address

**PALM BEACH GARDENS, FL 33410**  
City/State and Zip Code

**NATALIE@BURNSLAWFL.COM**  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

**NATALIE BURNS** at ( **561** ) **267-0104**  
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

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

FILED  
12 MAR 26 AM 11:23  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**OUR SONS, 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 FEBRUARY 15, 2007 and assigned Florida document number L07000017992.

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)

4376 NE Ocean Blvd.  
Jensen Beach, FL 34957

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

4376 NE Ocean Blvd.  
Jensen Beach, FL 34957

**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:

WHEELER, FRANCIS

New Registered Office Address:

4376 Northeast Ocean Blvd

*Enter Florida street address*

Jensen Beach FL, Florida 34957  
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

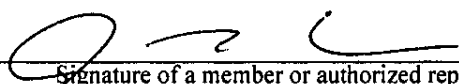
MGRM = Managing Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGRM	COUCH, JERRY	801 S. OCEAN DR. #1004 FORT PIERCE FL 34949	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
S	COUCH, NANCY J	801 S. OCEAN DR. #1004 FORT PIERCE FL 34949	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
MGRM	WHEELER, FRANCIS	4376 NE Ocean Blvd. Jensen Beach FL 34957	<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

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

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Dated 3/16/2012

  
Signature of a member or authorized representative of a member  
Jerry L. Couch  
Typed or printed name of signee