

L07000071770

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

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

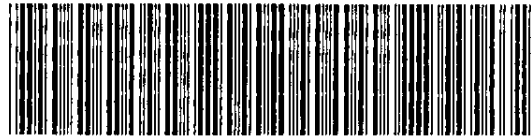
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**A. LUNT**

MAY 20 2010

**EXAMINER**

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

2011 MAY 18 PM 1:02

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## COVER LETTER

**TO: Registration Section  
Division of Corporations**

**SUBJECT: CHRISTINA M MITCHELL, LMT 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:

GARY WITTOCK, CPA

Name of Person

WITTOCK & ASSOCIATES, P.A.

Firm/Company

2770 HORSESHOE DR S STE 7

Address

NAPLES, FL 34104

City/State and Zip Code

CHRISTINA703@COMCAST.NET

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

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TALLAHASSEE, FLORIDA

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For further information concerning this matter, please call:

GARY WITTOCK, CPA

Name of Person

at ( 239 )

434-5818

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

CHRISTINA M MITCHELL, LMT LLC

L 07000071770

EFFECTIVE DATE OF ADDRESS CHANGE TO BE JUNE 1, 2011.

FILED

2011 MAY 18 PM 1:02

SIXTH JUDICIAL CIRCUIT  
TALLAHASSEE, FLORIDA

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

**CHRISTINA M MITCHELL, LMT 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 07/11/2007 and assigned  
Florida document number L07000071770.

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)

822 ANCHOR RODE DR

NAPLES, FL 34103

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

822 ANCHOR RODE DR

NAPLES, FL 34103

**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>
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
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 TALLAHASSEE

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

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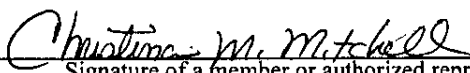


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Dated MAY 6, 2011.

  
 Signature of a member or authorized representative of a member  
 CHRISTINA M MITCHELL  
 Typed or printed name of signee