

LD70000 88473

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

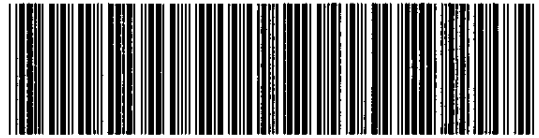
(Document Number)

Certified Copies _____

Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



400157997584

400157997584
07/09/09--01035--006 **55.00

09 JUL -9 AM 10:22
SECRETARY OF STATE
TALLAHASSEE FLORIDA

FILED

N. C. 1 JUL 9 2009

Presidential Services Incorporated

Business Services • Since 1991
28015 Smyth Drive, Valencia, CA 91355, United States of America
Phone (661) 259-8987 / (800) 959-8819 Fax (661) 257-0263

Attn: Florida Department of State Corporation Division,

Enclosed are a check and a signed copy of the articles of amendment for: Holbeck And Associates, LLC

Can you please file the articles of amendment and ship a copy of the filed document back to me via FedEx in the envelope which I have provided.

Please contact us if there are any questions about the filing.

Thank you,
Gerson Isaac Hernandez
Legal Department Director
Presidential Services Incorporated
gerson@companiesinc.com

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: Holbeck And Associates, 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:

Gerson Hernandez
(Name of Person)

Presidential Services Incorporated
(Firm/Company)

28015 Smyth Dr.
(Address)

Valencia, CA 91355
(City/State and Zip Code)

For further information concerning this matter, please call:

Gerson Hernandez at (661) 253-3303
(Name of Person) (Area Code & Daytime Telephone Number)

Enclosed is a check for the following amount:

- | | | | |
|---|--|---|--|
| <input type="checkbox"/> \$25.00 Filing Fee | <input type="checkbox"/> \$30.00 Filing Fee & Certificate of Status | <input checked="" type="checkbox"/> \$55.00 Filing Fee & Certified Copy (additional copy is enclosed) | <input type="checkbox"/> \$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

09 JUL -9 AM 10: 22

SECRETARY OF STATE
TALLAHASSEE FLORIDA

Holbeck And Associates, 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 08/29/2007 and assigned
Florida document number L07000088473.

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: Registered Agents of America, Inc.

New Registered Office Address: 199 East Flagler Street, #510
(Enter Florida street address)

Miami, Florida 33131
(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> |
|--------------|-------------------|--|--|
| MGR | Dana Brown | BELLEVUE BELLEVUE FL 34420 | <input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove |
| MGR | Linda Sielbeck | PO BOX 770955 OCALA FL 34477 | <input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove |
| MGR | M K Holloway | PO BOX 770955 OCALA FL 34477 | <input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove |
| MGR | Linda Holst | 906 NORTH STRAND OCEANSIDE CA 92054 | <input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove |
| MGR | Lauren McCord | PO BOX 770955 OCALA FL 34477 | <input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove |
| MGR | Bobby Joe Lambert | 1285 Baring Blvd Sparks, NV 89434 | <input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove |

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

Dated _____

Bj. Lambert

Signature of a member or authorized representative of a member

Bobby Joe Lambert - Manager

Typed or printed name of signee

SECRETARY OF STATE
TALLAHASSEE FLORIDA

09 JUL -9 AM 10:22

FILED