

LO7000092392

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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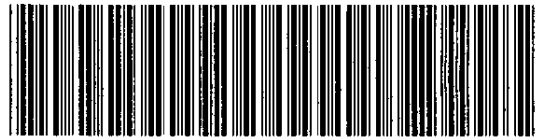
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

N. Colligan SEP 25 2009

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Anne Marie Enterprises L.L.C.
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:

Anne Harrell

Name of Person

Laser Institute of Vero Beach, L.L.C.

Firm/Company

1265 Grant Rd

Address

Grant, FL 32949

City/State and Zip Code

RHarrell@cfl.rr.com

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

For further information concerning this matter, please call:

Anne Harrell

Name of Person

at (321) 953-2519

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
09 SEP 24 AM 10:58
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Anne Marie Enterprises, 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 9-10-2007 and assigned
Florida document number L07000692392

This amendment is submitted to amend the following:

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

Laser Institute of Vero Beach, L.L.C.

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)

Same 1265 Grant Rd
Grant, FL 32949

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

Same 1265 Grant Rd
Grant, FL 32949

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:

A Anne Harrell

New Registered Office Address:

1265 Grant Rd. Grant FL 32949

Enter Florida street address

Grant

Florida

32949

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.

Anne Harrell

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

Title	Name	Address	Type of Action
MGRM	Anne Harrell	Anne Harrell	<input checked="" type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
		Ken Gorey	
MGR	Ken Gorey manager		<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
MGRM	Anne Harrell	1265 Grant Rd Grant, FL 32949	<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 9-21-09

Anne Harrell

Signature of a member or authorized representative of a member

Anne Harrell

Typed or printed name of signee

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 TALLAHASSEE, FLORIDA