

L07000117175

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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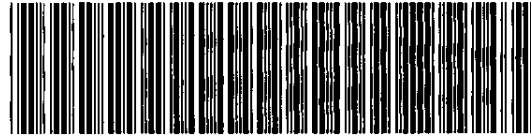
(Business Entity Name)

(Document Number)

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FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATION  
10 OCT 19 AM 10:28

N. Culligan OCT 20 2010

**COVER LETTER**

**TO: Registration Section  
Division of Corporations**

**SUBJECT:** VIRGINIA WILKINS - LICKLEY 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:

VIRGINIA LICKLEY  
Name of Person

VIRGINIA LICKLEY LLC  
Firm/Company

4931 BONITA BAY BLVD, #103  
Address

BONITA SPRINGS, FL 34134  
City/State and Zip Code

LICKLEY @ FARTLINK.NET  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

VIRGINIA LICKLEY at (239) 850 2800  
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  
SECRETARY OF STATE  
DIVISION OF CORPORATION:  
10 OCT 19 AM 10:28

VIRGINIA WILKINS-LICKLEY 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 NOV 21<sup>st</sup> 2007 and assigned Florida document number L07000117175.

This amendment is submitted to amend the following:

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

VIRGINIA LICKLEY 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)*

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

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:

\_\_\_\_\_

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>
MGRM	VIRGINIA LICKLEY	SAME AS ON RECORD	<input checked="" type="checkbox"/> Add <b>CHANGE NAME ONLY</b> <input type="checkbox"/> Remove
MGRM	VIRGINIA WILKINS-LICKLEY	SAME AS ON RECORD	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove <b>NAME</b>
			<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.)*

I no longer want to have WILKINS included in my name. I have made the change at social security today. Thank you

Dated Oct 15<sup>th</sup>, 2010

*Virginia Wilkins-Lickley*  
Signature of a member or authorized representative of a member  
VIRGINIA WILKINS-LICKLEY  
Typed or printed name of signer

*Virginia Lickley*  
Signature of a member or authorized representative of a member  
VIRGINIA LICKLEY  
Typed or printed name of signer

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