

L08000001427

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

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WAIT

☐

MAIL

(Business Entity Name)

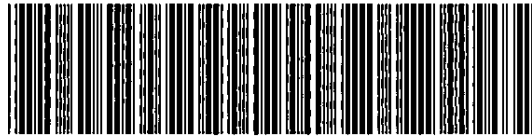
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2010 APR -1 PM 2:35
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FILED

C. LEWIS

APR 2 2010

EXAMINER

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: My Four 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:

Izabella Lussier

Name of Person

Firm/Company

2804 Del Prado Blvd. #103

Address

Cape Coral, FL 33904

City/State and Zip Code

izabellussier@yahoo.com

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

For further information concerning this matter, please call:

Izabella Lussier

Name of Person

at (239)

826-9581

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

2010 APR -1 PM 2:35

My Four Sons, LLC

(Name of the Limited Liability Company as it now appears on our records)
(A Florida Limited Liability Company)

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

The Articles of Organization for this Limited Liability Company were filed on 1/1/2008 and assigned
Florida document number L08000001427.

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:

2804 Del Prado Blvd. #103

(Principal office address MUST BE A STREET ADDRESS)

Cape Coral, FL 33904

Enter new mailing address, if applicable:

2804 Del Prado Blvd. #103

(Mailing address MAY BE A POST OFFICE BOX)

Cape Coral, FL 33904

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:

Izabella Lussier

New Registered Office Address:

2804 Del Prado Blvd. #103

Enter Florida street address

Cape Coral

Florida

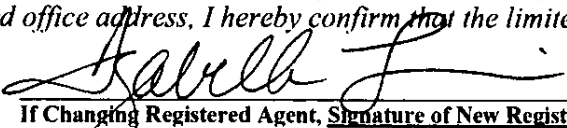
33904

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

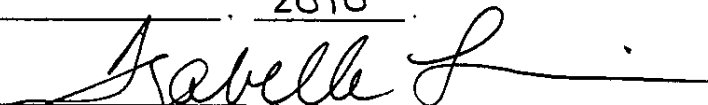
If amending the Managers or Managing Members on our records, enter the title, name, and address of each Manager or Managing Member being added or removed from our records:

MGR = Manager
MGRM = Managing Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGRM	Andrew Darda	15991 Old Wedgewood Ct. Fort Myers, FL 33908	☐ Add ☒ Remove
MGRM	Izabella Lussier	2804 Del Prado Blvd. #103 Cape Coral, FL 33904	☒ Add ☐ Remove
MGR	Andrew Lussier	2804 Del Prado Blvd. #103 Cape Coral, FL 33904	☒ Add ☐ Remove
			☐ Add ☐ Remove
			☐ Add ☐ Remove
			☐ Add ☐ Remove

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

Dated 1/1 2010


Signature of a member or authorized representative of a member
Izabella Lussier

Typed or printed name of signee

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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