

W080000004579

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

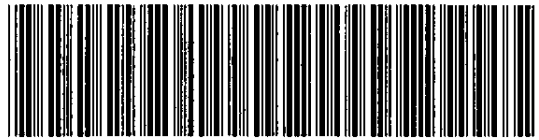
(Business Entity Name)

(Document Number)

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

Special Instructions to Filing Officer:

Office Use Only



000136847820

10/13/08--01014--009 \*\*30.00

FILED

09 OCT 13 AM 11:25

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

M. THOMAS  
OCT 14 2008  
EXAMINER

## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: DIANNE LYNN FLORES, LLC  
(Name of Limited Liability Company)

CHANGE TO: DIANNE LYNN MACGREGAR, LLC  
The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

DIANNE LYNN MACGREGAR  
(Name of Person)

DIANNE LYNN MACGREGAR, LLC  
(Firm/Company)

25870 HICKORY BLVD. #203  
(Address)

BONITA SPRINGS, FL 34134  
(City/State and Zip Code)

FILED  
09 OCT 13 AM 11:25  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

For further information concerning this matter, please call:

DIANNE LYNN MACGREGAR at (239) 280-8365  
(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**

DIANNE LYNN FLORES, 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 1/14/2008 and assigned Florida document number 208000004579.

This amendment is submitted to amend the following:

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

DIANNE LYNN MAC GREGOR, 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)

25870 Hickory Blvd  
#203  
Bonita Springs, FL 34134

**Enter new mailing address, if applicable:**

(Mailing address MAY BE A POST OFFICE BOX)

Same

**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:

DIANNE LYNN MAC GREGOR

New Registered Office Address:

25870 Hickory Blvd. #203

(Enter Florida street address)

Bonita Springs, Florida 34134  
(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.

Dianne Lynn MacGregor  
(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

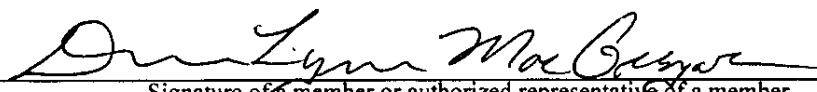
<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGRM	DIANNE Lynn MACGREGOR	25870 Hickory Blvd. #202 Bonita Springs, FL 34134	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
MGRM	DIANNE Lynn FLORES	287 Lambton Lane NAPLES, FL 34104	<input type="checkbox"/> Add <input checked="" 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
			<input type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove

FILED  
09 OCT 13 AM 11:25  
CLERK OF STATE  
TREASURER OF FLORIDA

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

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

Dated 10/10/08, 2008.

  
Signature of a member or authorized representative of a member  
DIANNE LYNN MACGREGOR  
Typed or printed name of signee