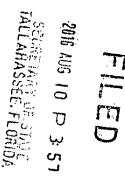
# 

(Rec	questor's Name)		
(Ado	dress)		
(Add	lress)		
(City	//State/Zip/Phon	e #)	
PICK-UP	☐ WAIT	MAIL	
(Bus	siness Entity Nar	me)	
(Document Number)			
Certified Copies	Certificate	s of Status	
Special Instructions to Filing Officer:			





08/10/16--01009--003 \*\*25.00





# **COVER LETTER**

SUBJECT: Minshall Enterprises, 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:	
Susie Bell	
Name of Person	
Minshall Enterprises, LLC	
Firm/Company	
755 Greybull Run	
Address	
Lake Mary, FL 32746	
City/State and Zip Code	
rainbowcentralflorida@yahoo.com	
E-mail address: (to be used for future annual report notification)  For further information concerning this matter, please call:	17
To further information concerning this matter, please care.	
Susie Bell at (407 ) 421-5967	
N. C. I. Davis Talaka Nimbia	
Name of Person Area Code Daytime Telephone Number	_
Enclosed is a check for the following amount:	
-	
■ \$25.00 Filing Fee □ \$30.00 Filing Fee & □ \$55.00 Filing Fee & □ \$60.00 Filing Fee, Certificate of Status 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

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

### ANTIULLOUP AINLINUINENT

# TO ARTICLES OF ORGANIZATION OF

(Name of the United Liability Compa	nv as t now annears on our records )	
( <u>Name of the Limited Liability Compa</u> (A Florida Limited I	Liability Company)	
he Articles of Organization for this Limited Liability Company	were filed on 02/05/2008	and assigned
orida document number L08000012998		
his amendment is submitted to amend the following:		
Ç		
If amending name, enter the new name of the limited liab	ility company here:	
te new name must be distinguishable and contain the words "Limited Liabi	lit. Comment "the designation W. I. C" on	the obbraciation "I.I.C."
e new name must be distinguishable and contain the words "Limited Liabi		the abbreviation   L.L.C.
nter new principal offices address, if applicable:	137 Concord Drive	
Principal office address MUST BE A STREET ADDRESS)	Suite 1101	
	Casselberry, FL 32707	
nter new mailing address, if applicable:	A	(1 <u>2                                   </u>
failing address MAY BE A POST OFFICE B <u>OX)</u>	L'A	
	A	
	Sur-	0
. If amending the registered agent and/or registered o	ffice address on our records	nter the name of the
gistered agent and/or the new registered office address her	<u>e</u> : 55	# w <b>=</b>
	D <sub>A</sub>	
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street address	., ., .,
	, Florid	la
<del></del>	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 605, 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

# or removed from our records:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	Type of Action
MGR	Alexander Figueroa	310 West Victoria Trails Blvd.	Add
HI exander Figure	Alexander Figueux	Deland, FL 32738	Remove
			Change
			Add
			Remove
			□ Change
			Add
			Remove
			A. Change
			Add
			rri⊸c CO
			Change
		<del></del>	Add
			□ Remove
			☐ Change
			Add
			☐ Remove
			☐ Change

is an initial to the second control of the second of the s	.,
·	
	7018 7018
<del></del>	COUNTY COUNTY
	Dr. (2.) Married
	The Table
·	
	# <u>*</u> 5
	<u> </u>
Pffective data if other than the data of filtran 9/4/16	(antiqual)
Effective date, if other than the date of filing: 8/4/16 (If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 to 10 to 1	(optional) days after filing.) Pursuant to 605.0207 (
Note: If the date inserted in this block does not meet the applicable statutory filing requirem	
document's effective date on the Department of State's records.	
the record specifies a delayed effective date, but not an effective time, at 1	12:01 a.m. on the earlier of:
) The 90th day after the record is filed.	
Dated August 5. , 2016	
$(C_{1}, C_{2}, C_{3}, C_{4}, C_{4},$	
Dated August 5.  , 2016  Signature of a member or authorized representative of a member of	er
Signature of a monoci of admonace representative of a monoci	<del>-</del> ·
Susie Bell-Minshail	

E.

If

Page 3 of 3

Typed or printed name of signee

Filing Fee: \$25.00