

L080000025287

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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MAIL

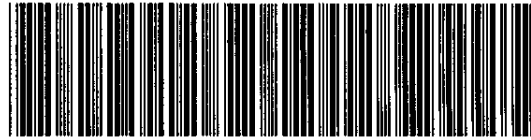
(Business Entity Name)

(Document Number)

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14 SEP 22 PM 2:25

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

SEP 23 2014
T. BROWN

COVER LETTER

TO: Amendment Section
Division of Corporations

NAME OF CORPORATION: North Florida Wildlife LLC

DOCUMENT NUMBER: L08000025287

The enclosed *Articles of Amendment* and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

Kellie L. Keys

Name of Contact Person

North Florida Wildlife LLC

Firm/ Company

58 Razorback Road

Address

Crawfordville, FL 32327

City/ State and Zip Code

northfloridawildlife.kellie@gmail.com

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

For further information concerning this matter, please call:

Kellie Keys

Name of Contact Person

at (850) 559-0028

Area Code & Daytime Telephone Number

Enclosed is a check for the following amount made payable to the Florida Department of State:

- | | | | |
|---|--|---|--|
| <input checked="" type="checkbox"/> \$35 Filing Fee | <input type="checkbox"/> \$43.75 Filing Fee &
Certificate of Status | <input type="checkbox"/> \$43.75 Filing Fee &
Certified Copy
(Additional copy is
enclosed) | <input type="checkbox"/> \$52.50 Filing Fee
Certificate of Status
Certified Copy
(Additional Copy
is enclosed) |
|---|--|---|--|

Mailing Address
Amendment Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street Address
Amendment Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301



FLORIDA DEPARTMENT OF STATE
Division of Corporations

September 11, 2014

KELLIE L KEYS
NORTH FLORIDA WILDLIFE, LLC
58 RAZONBACK ROAD
CRAWFORDVILLE, FL 32327

SUBJECT: NORTH FLORIDA WILDLIFE, LLC
Ref. Number: L08000025287

We have received your document for NORTH FLORIDA WILDLIFE, LLC and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The form you submitted is for a CORPORARTION, but your entity is a LIMITED LIABILITY COMPANY. Please complete and return the enclosed blank form(s).

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Teresa Brown
Regulatory Specialist II

Letter Number: 514A00019492

ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF

North Florida Wildlife, LLC

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

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14 SEP 22 PM 2:25
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

The Articles of Organization for this Limited Liability Company were filed on March 10, 2008 and assigned
Florida document number L08000025287 March 10, 2008 mtk

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 "LLC."

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:

Kellie L. Keys

New Registered Office Address:

58 Razorback Rd

Enter Florida street address

Crawfordville

City

, Florida

32327

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.

Kellie L. Keys

If Changing Registered Agent, Signature of New Registered Agent

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

MGR = Manager
AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGR	Michael Keys	58 Razorback Rd	<input type="checkbox"/> Add
		Crawfordville FL 32327	<input checked="" type="checkbox"/> Remove
AMBR	Kellie L. Keys	58 Razorback Rd	<input checked="" type="checkbox"/> Add
		Crawfordville FL 32327	<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

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

E. Effective date, if other than the date of filing: _____ (optional)

(The effective date must be specific, cannot be prior to date of receipt or filed date and cannot be more than 90 days after the date this document is filed by the Florida Department of State)

Dated September 15, 2014.

Kellie L. Keys

Signature of a member or authorized representative of a member

Kellie L. Keys

Typed or printed name of signer