

W8000027828

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

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MAIL

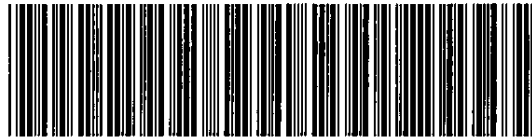
(Business Entity Name)

(Document Number)

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TALLAHASSEE, FLORIDA

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T. CLINE

MAY - 1 2008

EXAMINER



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

April 15, 2008

PATRICIA CURRY  
32443 MEMORY LANE  
LEESBURG, FL 34788

SUBJECT: ARDEMIS, LLC.  
Ref. Number: L08000027828

We have received your document for ARDEMIS, LLC., however, upon receipt of your document no check was enclosed. Please return your **document** along with a **check or money order** made payable to the Department of State for \$25.00.

We are enclosing the proper form(s) with instructions for your convenience.

In order to make the correction you must file a amendment.

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

If you have any questions concerning the filing of your document, please call (850) 245-6020.

Tammi Cline  
Regulatory Specialist II

Letter Number: 408A0002229

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TALLAHASSEE, FLORIDA

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*23 April 2008*

*Thank you very much for your help.*

*P. Curry*

COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: ARDEMIS, 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:

Patricia Curry  
(Name of Person)

ARDEMIS, LLC (Corrected Name: ARTEMIS, LLC)  
(Firm/Company)

32443 Memory Lane  
(Address)

Leesburg, FL 34788  
(City/State and Zip Code)

For further information concerning this matter, please call:

Patricia Curry at (352) 343-9322  
(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

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TALLAHASSEE, FLORIDA

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**ARTICLES OF AMENDMENT  
TO  
ARTICLES OF ORGANIZATION  
OF**

ARDEMIS 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 March 17, 2008 and assigned Florida document number 608000027828

This amendment is submitted to amend the following:

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

ARTEMIS I, LLC.

The new name must be distinguishable and end with the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."

**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:** NA

Name of New Registered Agent: \_\_\_\_\_

New Registered Office Address: \_\_\_\_\_

(Enter Florida street address)

\_\_\_\_\_, Florida

(City)

(Zip Code)

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TALLAHASSEE, FLORIDA

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**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)

NA

**MGRM = Managing Member**

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
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**D. If amending any other information, enter change(s) here:** *(Attach additional sheets, if necessary.)*

Dated

23 April 2008

Patricia Curry  
Signature of a member

Signature of a member or authorized representative of a member

Signature of a friend  
Patricia Curry

Typed or printed name of signee

2000 APR 30 AM 9:41  
 RECEIVED  
 SECRETARY OF STATE  
 TALLAHASSEE, FLORIDA

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