

L0800003/359

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DIVISION OF CORPORATIONS
10 SEP 17 PM 1:37

T. HAMPTON

SEP 20 2010

EXAMINER

COVER LETTER

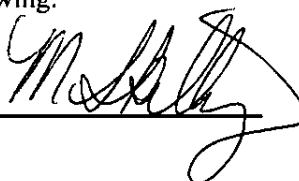
TO: Amendment Section
Division of Corporations

SUBJECT: Marion I Skilling LLC
Name of Corporation

DOCUMENT NUMBER: L080000315223

The enclosed Statement of Change of Registered Office/Agent and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

Marion Skilling
Name of Contact Person 

Marion I Skilling LLC
Firm/Company

7408 Cypress Grove Road
Address

Orlando Florida 32819
City/State and Zip Code

mskilling@marionskilling.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Erica Jackson at (407) 765-6977
Name of Contact Person Area Code & Daytime Telephone Number

Enclosed is a \$35.00 check made payable to the Department of State.

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

RECEIVED

10 SEP 17 PM 4:00

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

August 18, 2010

MARION SKILLING
7408 CYPRESS GROVE RD
ORLANDO, FL 32819

SUBJECT: MARION I. SKILLING & ASSOCIATES LLC
Ref. Number: L08000031359

We have received your document for MARION I. SKILLING & ASSOCIATES 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):

Section 608.407, Florida Statutes, requires the document(s) to be signed by a *member or by the authorized representative of a member.*

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) 245-6855.

Tammy Hampton
Regulatory Specialist II

Letter Number: 510A00019216



FLORIDA DEPARTMENT OF STATE
Division of Corporations

RECEIVED

10 AUG 17 PM 4:00

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

August 10, 2010

MARION SKILLING
7408 CYPRESS GROVE RD
ORLANDO, FL 32819

SUBJECT: MARION I. SKILLING & ASSOCIATES LLC
Ref. Number: L08000031359

Upon receipt of your letter and/or check(s) totaling \$35.00, no document was found. Please send your document with any fees due to:

Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Please return a copy of this letter to ensure your money is properly credited.

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

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) 245-6855.

Tammy Hampton
Regulatory Specialist II

Letter Number: 510A00019216

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

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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
10 SEP 17 PM 1:07

The Articles of Organization for this Limited Liability Company were filed on Dec. 14/07 and assigned
Florida document number 452-414.

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:

(Principal office address MUST BE A STREET ADDRESS)

7408 CYPRESS GROVE RD
ORLANDO, FL - 32819

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

11

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:

New Registered Office Address:

Enter Florida street address

Florida

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.

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>
	NA		<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
			<input type="checkbox"/> Add <input type="checkbox"/> Remove

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

NA

Dated

Marion Kelly

Signature of a member or authorized representative of a member

Typed or printed name of signee

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