

LO 0000 36588

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(Business Entity Name)

(Document Number)

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TALLAHASSEE, FLORIDA

J. Shivers MAY 29 2014

623



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

May 15, 2014

DON ETCHISON  
13108 ALISHIA CT  
SPRING HILL, FL 34609

SUBJECT: ESPRESSO AND BEVERAGE REPAIR, LLC  
Ref. Number: L08000036588

We have received your document for ESPRESSO AND BEVERAGE REPAIR, LLC and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Section 605.0203(1)(b), Florida Statutes, requires the document(s) to be signed by one person acting as an authorized representative.

Please return the corrected original and one copy of 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.

Justin M Shivers  
Regulatory Specialist II  
Registration/Qualification Section

Letter Number: 614A00010484

**COVER LETTER**

copy

**TO: Registration Section  
Division of Corporations**

**SUBJECT: Espresso and Beverage Repair, 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:

**Don Etchison**

Name of Person

**Espresso and Beverage Repair, LLC**

Firm/Company

**13108 Alishia Ct.**

Address

**Spring Hill, Fl. 34609**

City/State and Zip Code

**Donetchison@gmail.com**

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

For further information concerning this matter, please call:

**Don Etchison**

Name of Person

**at (352) 585-2849**

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**

Espresso And Beverage Repair, 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 April 10, 2008 and assigned  
Florida document number L08000036588.

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)**

13769 Linden Dr.

Spring Hill, Florida 34609

**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:

New Registered Office Address:

Enter Florida street address

City, Florida

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**

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	Clayton Etchison	13108 Alishia Ct	<input checked="" type="checkbox"/> Add
		Spring Hill, Florida	<input type="checkbox"/> Remove
		34609	
MGR	Don Etchison	13108 Alishia Ct.	<input type="checkbox"/> Add
		Spring Hill, Florida	<input checked="" type="checkbox"/> Remove
		34609	
AMBR	Don Etchison	13108 Alishia Ct.	<input checked="" type="checkbox"/> Add
		Spring Hill, Florida	<input type="checkbox"/> Remove
		34609	
AMBR	Sheila Etchison	13108 Alishia Ct.	<input checked="" type="checkbox"/> Add
		Spring Hill, Florida	<input type="checkbox"/> Remove
		34609	
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove

SEAL OF THE  
STATE OF FLORIDA  
MAY 28 2008  
TALLAHASSEE, FLORIDA

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

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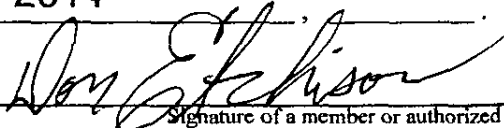
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E. Effective date, if other than the date of filing: \_\_\_\_\_ (optional)

*(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 **May 7, 2014**



Signature of a member or authorized representative of a member

**Don Etchison**

Typed or printed name of signee

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Filing Fee: \$25.00

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA