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**EXAMINER** 



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## **COVER LETTER**

TO: Regisfration Section Division of Corporations
SUBJECT: Ethel Mc Eaddy LLC (Name of Limited Liability Company)
FEIN# 11-3841812
The enclosed Articles of Amendment and fee(s) are submitted for filing.
Please return all correspondence concerning this matter to the following:
Ethel M' Eddy (Name of Person)
Ethel M'Esddy LLC (Firm/Company)  8540 La Keshore Dr.
8540 La Keshore Dr.
(City/State and Zip Code)
For further information concerning this matter, please call:
Ether McSddy  at (352) 324-1255  (Area Code & Daytime Telephone Number)
Enclosed is a check for the following amount:
\$25.00 Filing Fee Certificate of Status Certified Copy (additional copy is enclosed)  \$25.00 Filing Fee & Certified Copy (additional copy is enclosed)  \$25.00 Filing Fee & 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 OF ARTICLES OF ORGANIZATION 99 JUL 18 PM 4: 16

ompany as it now appears on our records.) The Articles of Organization for this Limited Liability Company were filed on \_\_\_ Florida document number 108 0005 1115 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) 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)

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.

(City)

(If Changing Registered Agent, Signature of New Registered Agent)

(Zip Code)

If amending the Managers or Managing Members on our records, <u>enter the title, name, and address of each Manager or Managing Member being added or removed from our records</u>:

MGR = Manager

MGRM = Managing Member **Type of Action** Title Address Judith Fallon ☐ Add Remove 🗂 Add Remove ☐ Add ☐ Remove ☐ Add Remove Add 🗖 Remove D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) sentative of a member

Page 2 of 2

Filing Fee: \$25.00