

L08000086782

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

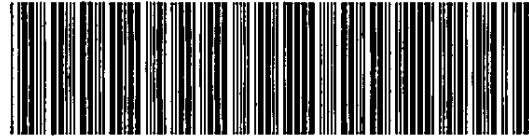
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA
18 APR -2 AM 10:51

N COOPER

APR 04 2018

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Missy T 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:

David R. Niles
Name of Person

Missy T LLC
Firm/Company

10034 Bloomfield Hills Dr
Address

Sessner FL 33584
City/State and Zip Code

KWLCB13@gmail.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

DAVID R NILES at (305) 2942449
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

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

(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 09/11/2008 and assigned
Florida document number L08000086782.

This amendment is submitted to amend the following:

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

N/A

The new name must be distinguishable and contain 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)

N/A

4516 W. Pearl Ave
Tampa FL
33611

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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 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 Authorized Person(s) authorized to manage, enter the title, name, and address of each person 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	Paula Niles	5455 Macdonald Ave	<input type="checkbox"/> Add
		# 29	
		Key West Fl. 33040	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
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			<input type="checkbox"/> Change

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

Removing Paula Nites from MGR poster
Resignation Letter Attached.

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TALLAHASSEE, FLORIDA

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

(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of:

(b) The 90th day after the record is filed.

Dated 3/29/2018



Signature of a member or authorized representative of a member

PAULA R. NITES

Typed or printed name of signee

TRANSFER OF INTEREST IN LIMITED LIABILITY COMPANY

KNOW ALL MEN BY THESE PRESENTS, that PAULA ANN MARIE NILES, whose address is 5455 MacDonald Avenue, #29, Key West, FL 33040, ("TRANSFEROR"), for and in consideration of the sum of TEN & 00/100th DOLLARS (\$10.00) lawful money of the United States, and other good and valuable consideration to her by DAVID R. NILES, whose address is _____, ("TRANSFeree"), the receipt whereof is hereby acknowledged, by these presents hereby conveys and transfers to TRANSFeree the following:

All of TRANSFEROR's right, title and interest in MISSY T, LLC, a Florida Limited Liability Company, filed with the State of Florida under Document Number L08000086782.

Executed on this 3 day of March, 2017

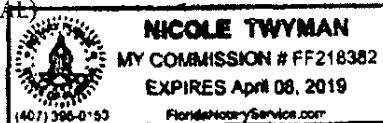


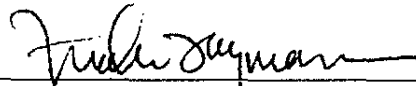
PAULA ANN MARIE NILES

STATE OF FLORIDA
COUNTY OF MONROE

I HEREBY CERTIFY that on this 3 day of March, 2017, day personally appeared before me, an officer duly authorized to administer oaths and take acknowledgements, PAULA ANN MARIE NILES, who is personally known to me, or who produced N/A as identification, who executed the above Transfer of Interest.

(SEAL)





Notary Public-State of Florida

Commission Expires: _____



FLORIDA DEPARTMENT OF STATE
DIVISION OF CORPORATIONS

**DISSOCIATION OR RESIGNATION OF MEMBER, MANAGER FROM
FLORIDA OR FOREIGN LIMITED LIABILITY COMPANY**

(Pursuant to 605.0216, Florida Statutes)

1. The name of the limited liability company as it appears on the records of the Florida Department of State is: MISSY T, LLC

2. The Florida document/registration number assigned to this limited liability company is:
L08000086782

3. The date this member/manager withdrew/resigned or will withdraw/resign is: 3-1-2017

4. I, PAULA A. M. NILES, hereby withdraw/resign as a
(Print Name of Person Resigning)

MANAGER

(Print Title)

of this limited liability company and affirm the limited liability company has been notified of my resignation in writing.

DocuSigned by:

A handwritten signature in black ink, appearing to read "Paula A. M. Niles", written over a horizontal line.

Signature of Dissociating Member or Resigning Manager

Filing Fee: \$25.00 (Required)

Certified Copy: \$30.00 (Optional)