

# LO8000115975

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(Requestor's Name)

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(Address)

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(Address)

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(City/State/Zip/Phone #)

☐

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(Business Entity Name)

\_\_\_\_\_  
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**S Warren**

JAN 10 2017

## COVER LETTER

**TO: Registration Section  
Division of Corporations**

**SUBJECT:** ENDLESS SUNSETS, 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:

MICHAEL A SCOTT

Name of Person

THE DORCEY LAW FIRM, PLC

Firm/Company

10181 SIX MILE CYPRESS PARKWAY, SUITE

Address

FORT MYERS, FL 33966

City/State and Zip Code

MIKE@DORCEYLAW.COM

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

For further information concerning this matter, please call:

MICHAEL A. SCOTT

239

418-0169

at ( )

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**

ENDLESS SUNSETS, 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 12/22/2008 and assigned  
Florida document number L08000115975.

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 contain 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)

4755 Summerlin Rd Ste 3  
Ft Myers, FL 33919

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

4755 Summerlin Rd Ste 3  
Ft Myers, FL 33919

**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:

DLF REGISTERED AGENT SERVICE, LLC

New Registered Office Address:

10181 SIX MILE CYPRESS PARKWAY, SUITE C

*Enter Florida street address*

FORT MYERS

*City*

Florida

33966

*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	DEBRA TAYLOR	4755 Summerlin Rd <del>6658 Plantation Preserve Circle N</del> Ste #3	<input checked="" type="checkbox"/> Add
		Fort Myers, FL <del>33966</del> 33919	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGRM	TERRY TJELMELAND	PO BOX 60581	<input type="checkbox"/> Add
		FORT MYERS, FL 33906	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
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			<input type="checkbox"/> Change

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TAMMIESSE, FLORIDA

[illegible]

(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)

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.

4<sup>am</sup> 5<sup>th</sup>, 2017

TERRY TJELMELAND

Typed or printed name of signee

**Filing Fee: \$25.00**

FILED  
JAN - 9 P 2:31  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA