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M. THOMAS

FEB 2 4 2009

**EXAMINER** 

## **COVER LETTER**

TO: Registration Section Division of Corporations  SUBJECT:   St. Pete Psychic Source C.L.C.  (Name of Limited Liability Company)								
The enclosed Articles of Amendment and fee(s) are submitted for filing.  519 NATURE  (MINICO)  Suphers								
Please return all correspondence concerning this matter to the following:								
ANNIE C. Stephens (Name of Person)								
(NEW) > St. Pete Source (Firm/Company)								
3228-4976 St. N. (Address)								
St. Petersburg, FL. 33710  (City/State and Zip Code)								
For further information concerning this matter, please call:								
Annie C. Stephens at (727) 522-3322 (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)								

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



## FLORIDA DEPARTMENT OF STATE Division of Corporations

February 17, 2009

ANNIE C. STEPHENS 3228 49TH ST. N. ST. PETERSBURG, FL 33710

SUBJECT: ST. PETE PSYCHIC SOURCE LLC

Ref. Number: L09000003936

We have received your document for ST. PETE PSYCHIC SOURCE LLC and your check(s) totaling \$55.00. 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 of your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6097.

Marsha Thomas Regulatory Specialist II

Letter Number: 909A00005590

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## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

5+ Pete Psych (Name of the Limited Liability Compan	hic Source	e L.L.C.
( <u>Name of the Limited Liability Compan</u> (A Florida Limited Li	y as it now appears on our ability Company)	records.)
The Articles of Organization for this Limited Liability Company of Florida document number $10900039$		13, 2009 and assigned
	56	
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liabil  St. Pete Source  The new name must be distinguishable and end with the words "Limite"  L.L.C."	<u> </u>	esignation "LLC" or the abbreviation
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDRESS)	NO	<u> </u>
Enter new mailing address, if applicable:  (Mailing address MAY BE A POST OFFICE BOX)		FEB 23 PH 2: 24
B. If amending the registered agent and/or registered office address here		rds, enter the name of the new
Name of New Registered Agent:		
New Registered Office Address:	(Enter Flori	da street address)
		Florida(Zip Code)
New Registered Agent's Signature, if changing Registered Agent:	(City)	(Zip Code)
incw registered Agent 5 Signature, it 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.

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 = Ma MGRM = 1		er	mol	applicable	
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Dated Feb R	RUARY 20,	2009		//	phens)
		Signature of		r authorized representative of a member	
	<del></del> .	HI	VN/と Typed or	rprinted name of signee	- (* )