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EXAMINER

COVER LETTER

TO:	Registration S Division of Co					
SUBJE	CT:					
		Name of Limi	ited Liability Company			
The end	closed Articles of	f Amendment and fee(s) are sub	omitted for filing.			
Please	eturn all corresp	ondence concerning this matter	to the following:			
			Doreen M Scott			
			Name of Person			
ANNALICE LLC						
			Firm/Company			
			EKS 23			
			Address			
Triníty, FL 34655					DEC 2	4 MIC 400
City/State and Zip Code					SSE 2	10000
annalicellc@hotmail.com						IT
For furt	her information	E-mail address: (concerning this matter, please of	to be used for future annual report notified call:	ation)	ME IOL SE IF STATE FLORIDA	A. A. Property
		oreen M Scott		05-9658		
	Name	or reison	Area Code & Daytime	retepnone Number		
Enclose	d is a check for t	the following amount:				
\$25.00 Filing Fee \$30.00 Filing Fee & Certificate of Status			(additional copy is enclosed) Certified		of Status &	

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 (A) The Articles of Organization for this Limited L Florida document number L0900000	iability Compa 4118			an	— d assigr	ned
The Articles of Organization for this Limited L	iability Compa 4118			an	d assigr	ned
	4118	ny were filed on	1/13/2009	an	d assigi	ned
Florida document number L0900000						
	owing:					
This amendment is submitted to amend the foll						
A. If amending name, enter the new name o	f the limited li	ability company he	<u>re</u> :			
	N	/A				
The new name must be distinguishable and end wi "L.L.C."	th the words "Li	mited Liability Compa	any," the designation	"LLC" or	the abb	reviation
Enter new principal offices address, if applic	able:	N/A		25	3	
(Principal office address MUST BE A STREE			CHI		4.20124	
	· · · ·			SVI	2)	E DE KE
				333		2
Enter new mailing address, if applicable:		N/A			3	g j j
(Mailing address MAY BE A POST OFFICE			92	R	*	
				2 2 2 2	6	
B. If amending the registered agent and/			our records, enter	the nai	ne of 1	he new
registered agent and/or the new registered o	ffice address h	<u>ere</u> :				
Name of New Registered Agent:	Scott					
New Registered Office Address:	N/A					
		En	ter Florida street ac	ddress		
			, 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 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 Changing Registered Agent, Signature of New Registered Agent

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 = Manager

MGRM = Managing Member <u>Title</u> <u>Name</u> **Address** Type of Action Pres Nelson Ohihoin 4269 Maplehurst Way Spring Hill FL 34609 . ☐ Add Remove ☐ Add □ Remove ☐ Add Remove Remove D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) Title for Doreen M Scott to be changed from "ADM" to "Pres C) 12-19 2011 Dated _____ Signature of a member or authorized representative of a member Doreen M Scott Typed or printed name of signee

Page 2 of 2

Filing Fee: \$25.00