

# L09000017799

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(Address)

(Address)

(City/State/Zip/Phone #)

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TALLAHASSEE, FLORIDA

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EXAMINER  
NOV - 5 2012



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

October 17, 2012

SANDRA NEWELL  
872 CLEAR LAKE DRIVE  
ENGLEWOOD, FL 34223

SUBJECT: SANDRA NEWELL, P.E., LEED AP, LLC  
Ref. Number: L09000017799

We have received your document for SANDRA NEWELL, P.E., LEED AP, LLC, however, upon receipt of your document no check was enclosed. Please return your **document** along with a **check** or **money order** made payable to the Department of State for \$55.00.

If you have any questions concerning the filing of your document, please call (850) 245-6870.

Karen A Saly  
Regulatory Specialist II

Letter Number: 312A00025610

Sandra Newell  
872 Clear Lake Drive  
Englewood, FL 34223

October 11, 2012


Florida Department of State  
Division of Corporations

To whom it may concern,  
I have attached a status change form for my LLC to include a change to the name and a change so that I would act as the registered agent as well. I have included a check for the filing fee of \$25 plus a \$30 fee for the certified copy.

My contact information is as follows for any questions you may have:

Phone 941-735-6405

Address: 872 Clear Lake Drive  
Englewood, Fl 34223

  
Sandra Newell

**COVER LETTER**

**TO: Registration Section  
Division of Corporations**

**SUBJECT: Sandra Newell, P.E., LEED AP, 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:

**Sandra Newell**  
Name of Person  
**Sandra Newell**  
Firm/Company  
**872 Clear Lake Drive**  
Address  
**Englewood, Fl 34223**  
City/State and Zip Code  
**Sandranewellrealtor@gmail.com**  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

**Sandra Newell** at ( **941** ) **735-6405**  
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

FILED  
12 NOV - 1 PM 4: 07  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

SANDRA NEWELL, P.E., LEED AP, 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 2/23/09 and assigned  
Florida document number L09000017799.

This amendment is submitted to amend the following:

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

SANDRA NEWELL LLC

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:

SANDRA NEWELL

New Registered Office Address:

872 CLEAR LAKE DRIVE

*Enter Florida street address*

ENGLEWOOD

Florida

34223

*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:

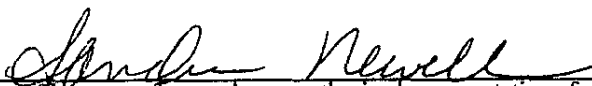
MGR = Manager  
MGRM = Managing Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
_____	_____	_____	<input type="checkbox"/> Add <input type="checkbox"/> Remove
_____	_____	_____	<input type="checkbox"/> Add <input type="checkbox"/> Remove
_____	_____	_____	<input type="checkbox"/> Add <input type="checkbox"/> Remove
_____	_____	_____	<input type="checkbox"/> Add <input type="checkbox"/> Remove
_____	_____	_____	<input type="checkbox"/> Add <input type="checkbox"/> Remove
_____	_____	_____	<input type="checkbox"/> Add <input type="checkbox"/> Remove

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

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Dated 10-10, 2012.



Signature of a member or authorized representative of a member

SANDRA NEWELL

Typed or printed name of signee