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SECRETARY OF STATE
AND AHASSEE FLORIDA

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December 16, 2014

COREN MEEKS 311 E RICH AVE DELAND, FL 32724

SUBJECT: MARY ELLEN CEELY, PL

Ref. Number: L09000035782

We have received your document for MARY ELLEN CEELY, PL and your check(s) totaling \$55.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The specific purpose of the entity must be set forth in the document.

Please return the corrected original and one copy of your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Justin M Shivers Regulatory Specialist II Registration/Qualification Section

Letter Number: 514A00026524

# LANDIS GRAHAM FRENCH, P.A.

ATTORNEYS AT LAW
ESTABLISHED 1902

F. A. (ALEX) FORD, JR. 145 East Rich Avenue, P.O. Box 48 Del.and, Florida 32721-0048 TELEPHONE (386) 734-3451 Facsimile (386) 736-1350

December 5, 2014

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314

RE: Mary Ellen Ceely, PL

AMENDMENT SECTION

To Whom It May Concern:

Enclosed please find an amendment package for the above-referenced Florida limited liability company. Also enclosed is a law firm trust account check in the amount of \$55.00 for the filing fee.

Please contact the undersigned if you have any questions. Thank you.

Sincerely,

Julje Hand, paralegal

Yo F.A. (Alex) Ford, Jr., Esq.

JH/s

**Enclosures** 

### **COVER LETTER**

TO: Registration Sec Division of Corp			
SUBJECT: MAR	Y ELLEN CEE	LY, PL	
SUBJECT:		ted Liability Company	
The enclosed Articles of	Amendment and fee(s) are subn	nitted for filing.	
Please return all correspo	ndence concerning this matter t	o the following:	
	Coren Meek	s, Esq.	
	- <del> </del>	Name of Person	
	Mary Ellen C	Ceely, PL	
		Firm/Company	
	311 E. Rich	Avenue	
		Address	
	DeLand, Flo	rida 32724	
		City/State and Zip Code	
	E-mail address: //	o be used for future annual report notifi	ication)
Pau Sambania Campatian a			ication)
	concerning this matter, please ca		400
Coren Mee	KS, ESQ.	$_{\rm at}(386)734-0$	
Name o	of Person	Area Code Daytime	: Telephone Number
Enclosed is a check for t	he 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

MARY ELLEN CI						
(Name of the Limite	d Liability Comp (A Florida Limited	any as it now appears ( Liability Company)	on our records.)			
The Articles of Organization for this Limited Li	ability Company	were filed on Apr	il 14, 2009	and as	ssigned	
Florida document number <u>L09000035782</u>	·					
This amendment is submitted to amend the following	wing:					
A. If amending name, enter the new name of	the limited liab	bility company here	2:			
Meeks & Ceely, PL <b>LC</b>						
The new name must be distinguishable and end with the	vords "Limited Lia	bility Company," the de	signation "LLC" or the	abbreviation '	'L.L.C."	
Enter new principal offices address, if applicable:		N/A			- <del> </del>	
(Principal office address MUST BE A STREE	T ADDRESS)		<u> </u>	ු <b>න්</b>	· .	
					statem s	
			سئة حر ص:	17.	عين مين موروونين ا	
Enter new mailing address, if applicable:	•	N/A	<u>U</u>		11.	
(Mailing address MAY BE A POST OFFICE I		· · · · · · · · · · · · · · · · · · ·				
				影 二		
B. If amending the registered agent and/ registered agent and/or the new registered of			our records, enter	the name	of the new	
registered agent and/or the new registered or	iice addi ess nei	<u> </u>				
Name of New Registered Agent:	Coren Meeks, Esq.					
New Registered Office Address:	311 E. Ric	h Avenue				
Translated Office Programs.	Enter Florida street address					
	DeLand		, Florida <u>3</u>	<sub>da</sub> 32724		
		- City		Zip Code	3	

#### 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

Page 1 of 3

If amending the Managers or Authorized Member on our records, enter the title, name, and address of each Manager or Authorized Member being added or removed from our records:

MGR = Manager

AMBR = Authorized Member Title Title <u>Name</u> **Address** Type of Action Coren Meeks MGR 311 E.Rich Avenue BAdd DeLand, FL 32724 ☐ Remove Mary Ellen Ceely 311 E. Rich Avenue MGRM □ Add DeLand, FL 32724 ■ Remove Mary Ellen Ceely 311 E. Rich Avenue AMBR **■** Add DeLand, FL 32724 ☐ Remove ☐ Remove □ Add □ Remove

D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)	
Article III is amended to provide that the management is by the manager,	
and that all powers of the Company shall be exercised, and the	
business and affairs shall be managed under, the direction of the	
manager. The manager shall be elected by a majority vote	
of the members. Specific purpose of entity is t	2
E. Effective date, if other than the date of filing:  (The effective date must be specific, cannot be prior to date of receipt or filed date and cannot be more than 90 days after the date this document is filed by the Florida Department of State)	
Dated October 23, 2014,	
Mary Ellen Cerly	
Signature of a member or authorized representative of a member	
MARY ELLENCEELY	
Typed or printed name of signer	

Page 3 of 3

Filing Fee: \$25.00

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