

LD9000039884

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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SECRETARY OF STATE
TALLAHASSEE FLORIDA

N. O'Connell MAY 28 2009

May 20, 2009

To Whom it May Concern,

I am submitting this amendment to change the name of my LLC from ,“CPR Training and More” to the new name, “Life Preservers CPR Training and More”.

I have included the amendment documentation. Please contact me if you have any questions.

Thank you for your time,

Ronda M. Ayala

Cell: 561-827-0861

Home: 561-642-9014

Address:

Ronda Ayala

9777 Saddle Ct.

Lake Worth, Fl. 33467

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: CPR Training and More
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:

Ronda Ayala
Name of Person

Life Preservers CPR Training and More
Firm/Company

9777 Saddle Ct.
Address

Lake Worth, Fl. 33467
City/State and Zip Code

RAYala333@bellsouth.net
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Ronda Ayala at (904) 642-9014
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

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TALLAHASSEE FLORIDA

Page 1 of 2

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>
	N/A		<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.)*

N/A

Dated May 20, 2009.

Ronda M. Ayala
Signature of a member or authorized representative of a member
Ronda M. Ayala
Typed or printed name of signee

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