

L 0 9 0 0 0 0 3 9 9 6 7

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

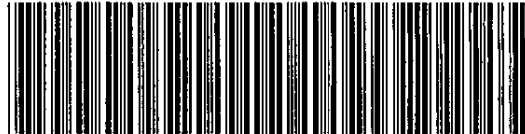
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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08/14/15--01015--022 **60.00

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15 AUG 14 AM 11:57
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

AUG 17 2015

J SHIVERS

ALL ABOUT YOU SUPPORT SERVICES, LLC

P.O. Box 8391
Tampa, Florida 33674-8391
(813) 846-4003 Mobile
(813) 980-0309 Office
(813) 980-0380 Fax
alysia@aboutyousupports.com

August 10, 2015

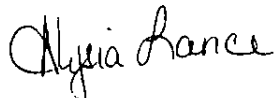
Florida Department of State
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Please accept this letter as a written notice to inform you that I am requesting a name change for registered agent/owner associated with All About You Support Services, LLC. The agency name and Tax ID # has not changed, just the last name of the registered agent/owner of All About You Support Services, LLC.

Thank you in advance for your assistance with this matter.

Any questions please feel free to contact me at the address or number listed above.

Sincerely,

A handwritten signature in cursive script that reads "Alysia Lance".

Alysia Lance, Executive Director/Owner

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: All About You Support Services, 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:

Alysia Lance
Name of Person

All About You Support Services, LLC
Firm/Company

P.O. Box 8391
Address

Tampa, FL 33674
City/State and Zip Code

alysia@aboutyousupports.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Alysia Lance at (813) 846-4003
Name of Person Area Code Daytime Telephone Number

Enclosed is a check for the following amount:

- | | | | |
|---|--|--|---|
| <input type="checkbox"/> \$25.00 Filing Fee | <input type="checkbox"/> \$30.00 Filing Fee &
Certificate of Status | <input type="checkbox"/> \$55.00 Filing Fee &
Certified Copy
(additional copy is enclosed) | <input checked="" type="checkbox"/> \$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**

All About You Support Services, 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 _____ and assigned Florida document number _____.

This amendment is submitted to amend the following:

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

The new name must be distinguishable and contain 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:

Alysia Lance

New Registered Office Address:

Enter Florida street address

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 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.

Alysia Lance

If Changing Registered Agent, Signature of New Registered Agent

If amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added or removed from our records:

MGR = Manager
AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGR	Alysia Lance	P.O. Box 8391	<input type="checkbox"/> Add
		Tampa, FL 33674	<input type="checkbox"/> Remove
			<input checked="" type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
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			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

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

Registered agent name changed from Alysia McClendon
to Alysia Lance due to marriage as of 7/18/2015

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15 AUG 14 AM 11:57
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TALLAHASSEE, FLORIDA

E. Effective date, if other than the date of filing: _____ (optional)

(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of:

(b) The 90th day after the record is filed.

Dated August 10, 2015.

Alysia Lance
Signature of a member or authorized representative of a member

Alysia Lance
Typed or printed name of signee