## L09000040731

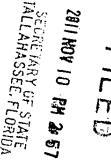
(Requestor's Name)
(Address)
(Address)
(Address)
, , ,
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
·
Certified Copies Certificates of Status
Special Instructions to Filing Officer:
A. LUNT
NOV 14 2011
EXAMINER
-WINING!

Office Use Only



300214141463

11/10/11--01003--007 \*\*25.00



Margaret Emblidge & Associates, LLC 27061 Richview Court Bonita Springs, FL 34135 239.405.2349 margaretemblidge@gmail.com

November 7, 2011

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

RE: Margaret Emblidge & Associates LLC

Document Number: L09000040731

EIN: 264756246

To Whom It May Concern:

I am providing the forms and \$25.00 check to change the business address only.

Please contact Margaret Emblidge at 239-405-2349 if you have any questions.

Sincerely, Margaret Emblidge

Margaret Emblidge, AICP

Margaret Emblidge & Associates LLC

27061 Richview Court Bonita Springs, FL 34135

Enclosures

SECUE IARY OF STATE

ורתש

## **COVER LETTER**

TO: , Registration Section , Division of Corporations
SUBJECT: Mangans + Sublidge + Associates LCC 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:
Mangaret Emblidge Name of Person
Mongraet Emblidge & Auscistes Lec
2706/ Richview Count
Bonita Springs FL 34/35 HARRY TO City/State and Zip Code
E-mail address: (to be used for future innual report interfaction)
E-mail address: (to be used for future innual report aptification)  For further information concerning this matter, please call:
Mangalt Sublidge at (239 405-2349 Name of Person Area Code & Daytime Telephone Number
Enclosed is a check for the following amount:
\$25.00 Filing Fee \$\ \text{Certificate of Status} \text{S55.00 Filing Fee & Certificate Opy (additional copy is enclosed)} \$\ \text{S60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)} \text{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

Mangant Emblidge + Associates LLC
(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Etability Company)

The Articles of Organization for this Limited Liability Company	were filed on April 2	8,200 Reand signed
Florida document number <u>LO 9000040731</u> .	0	LAHAR TO THE
This amendment is submitted to amend the following:		SSEE, I
A. If amending name, enter the new name of the limited liab	ility company here:	STATE STATE
The new name must be distinguishable and end with the words "Limi" L.L.C."		
Enter new principal offices address, if applicable:	27061 R	ichview Court
(Principal office address MUST BE A STREET ADDRESS)	Bonitasp	ichview Court ings F2 34135
Enter new mailing address, if applicable:	27061 Ri	chview Countings FL 34/35
(Mailing address MAY BE A POST OFFICE BOX)	Bonita Spr	ings FL 34/35
B. If amending the registered agent and/or registered of registered agent and/or the new registered office address here		ds, enter the name of the new
Name of New Registered Agent:		
New Registered Office Address:	Enter Florid	a street address
		Florida
***************************************	City	Zip Code
New Registered Agent's Signature if changing Registered Agent:		

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, <u>enter the title, name, and address of each Manager or Managing Member being added or removed from our records</u>:

MGR = Manager

<u>e</u>	<u>Name</u>	Address	Type of Ac	<u>tien</u>
			Add Remove	
			Add Remove	
			Add Remove	
	A <u>II - A </u>		Add Remove	
			AddRemove	
<del>_</del>			Add	
f amend	ling any other information, enter chang	ge(s) here: (Attach additional sheets, if necessary		
			2011 NOV 10 SEGRETAR)	m
			00	
	1/7/11. Marcut 5	r or authorized presentative of a member	GF STATE FLORIDA	

Page 2 of 2

Filing Fee: \$25.00