

L09000040731

(Requestor's Name)

(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

Office Use Only



300214141463

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

FILED
2011 NOV 10 PM 2:57
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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

FILED
2011 NOV 10 PM 2:57
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Mangraset Embledge & Associates 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:

Mangraset Embledge
Name of Person

Mangraset Embledge & Associates LLC
Firm/Company

27061 Richview Court
Address

Bonita Springs FL 34135
City/State and Zip Code

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

For further information concerning this matter, please call:

Mangraset Embledge at (239) 405-2349
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

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2011 NOV 10 PM 2:57

FILED

**ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF**

Margaret Emblidge + Associates 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 April 28, 2009 and signed
Florida document number LO9000040731.

FILED
2011 NOV 10 PM 2:57
CLERK OF STATE
TALLAHASSEE, FLORIDA

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 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)

27061 Richview Court
Bonita Springs FL 34135

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

27061 Richview Court
Bonita Springs FL 34135

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: _____

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 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

Title	Name	Address	Type of Action
			<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.)

FILED
 2011 NOV 10 PM 2:57
 SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

Dated 11/7/11, _____

Margaret Embledge
 Signature of a member or authorized representative of a member
MARGARET EMBLEDGE
 Typed or printed name of signee