L09000046189

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Wi-43780

J. BRYAN

SEP 29 2010

EXAMINER

COVER LETTER

O: , Registration Section Division of Corporations.
UBJECT: SUE SELLS, LLC
Name of Limited Liability Company
ne enclosed Articles of Amendment and fee(s) are submitted for filing.
ease return all correspondence concerning this matter to the following:
L-INDA CHIRBY Name of Person
,
2529 JOAN AVENUE # 4108
Firm/Company
PCB, FL 32408 AND SEE ST
Address Programme Programm
Address 28 E
Gity/State and Zip Code The Code
E-mail address: (to be used for future annual report notification)
or further information concerning this matter, please call:
Name of Person at (850, 502.0770 Area Code & Daytime Telephone Number
nclosed is a check for the following amount: \$\sigma
\$25.00 Filing Fee S30.00 Filing Fee & S55.00 Filing Fee & S55.00 Filing Fee & S60.00 Filing Fee, Certificate of Status Certified Copy (additional copy is enclosed) (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



FLORIDA DEPARTMENT OF STATE Division of Corporations

September 17, 2010

LINDA CHIRBN 2529 JOAN AVENUE #4108 #4107 PANAMA CITY BEACH, FL 32408

SUBJECT: SUE SELLS, LLC Ref. Number: L09000046189



We have received your document for SUE SELLS, LLC and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Section 608.407, Florida Statutes, requires the document(s) to be signed by a member or by the authorized representative of a member.

Please return 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) 245-6043.

Joey Bryan Regulatory Specialist II

Letter Number: 610A00022169

कर्मा कर कर मुख्ये तुम्ब इक्षा कर के ए एक एतुम्हण करवा ।

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

(Name of the Limited Liability Co	mpany as it now appear ted Liability Company)	's on our records.)
The Articles of Organization for this Limited Liability Comp. Florida document number	pany were filed on	5/12/2009 angassigned
This amendment is submitted to amend the following:		B.ED
A. If amending name, enter the new name of the limited GET - SITED LL The new name must be distinguishable and end with the words) *
The new name must be distinguishable and end with the words "L.L.C."	Limited Liability Compa	any," the designation "LLC" or the abbreviation
Enter new principal offices address, if applicable:		No change
(Principal office address MUST BE A STREET ADDRES.		0
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		0. Box 6/1437 Sos=mary B(4 FL 32461
B. If amending the registered agent and/or registered registered agent and/or the new registered office address		our records, enter the name of the new
Name of New Registered Agent:		
New Registered Office Address:		ter 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 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 ☐ Add Remove ☐ Add Remove Remove Remove ___Add ____Remove Remove D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) Dated __ Signature of a member or authorized representative of a member

Page 2 of 2

Typed or printed name of signee

Filing Fee: **\$25.00**