

L09000047252

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

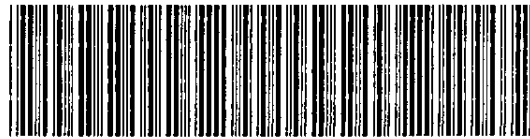
(Business Entity Name)

(Document Number)

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2011 MAY -9 PM 2:51
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

C. LEWIS
MAY 10 2011
EXAMINER

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Got a Guest 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:

Michael + Ann Marie Jacobs
Name of Person
Got a Guest LLC.
Firm/Company
225 39th Court.
Address
Vero Beach FL 32968
City/State and Zip Code
GotaGuest@gmail.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Michael Jacobs at (772) 643-3883
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

ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF

FILED

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Got A Guest LLC

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

The Articles of Organization for this Limited Liability Company were filed on 5/14/09 and assigned
Florida document number L09000047252.

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)

225 39th Court

VERO BEACH, FL 32968

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

225 39th Court

VERO BEACH, FL 32968

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:

Michael Jacobs

New Registered Office Address:

225 39th Court

Enter Florida street address

VERO BEACH

City

, Florida

32968

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.

Michael Jacobs
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 |
|-------|------------------|---|--|
| MGR | Michael Jacobs | 225 39th Court Vero Beach, FL 32968 | <input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove |
| MGR | Ann Marie Jacobs | 225 39th Court Vero Beach, FL 32968 | <input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove |
| MGRM | Ronald Kramer | P.O. Box 781378 Sebastian, FL 32978-1378 | <input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove |
| MGRM | Gretchen Kramer | P.O. Box 781378 Sebastian, FL 32978-1378 | <input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove |
| MGRM | Heidi Kramer | P.O. Box 781378 Sebastian, FL 32978-1378 | <input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove |
| MGRM | Shea Kramer | P.O. Box 781378 Sebastian, FL 32978-1378 | <input type="checkbox"/> Add <input checked="" type="checkbox"/> 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
 Michael Jacobs Ron Kramer
 Typed or printed name of signee

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 TALLAHASSEE, FLORIDA