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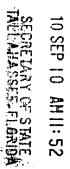
•			
(Requestor's Name)			
(Address)			
(Address)			
(City/State/Zip/Phone #)			
PICK-UP WAIT MAIL			
(Business Entity Name)			
(Document Number)			
Certified Copies Certificates of Status			
Special Instructions to Filing Officer:			
L. SELLERS			
SEP 1 8 2010			
EXAMINER			

Office Use Only



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# **COVER LETTER**

то: .	Registration Section Division of Corporations	
SUBJEC	CT: Amanda Mae 11 C  Name of Limited Liability Company	
The encl	osed Articles of Amendment and fee(s) are submitted for filing.	
Please re	eturn all correspondence concerning this matter to the following:	
	Amanda Warker Name of Person	
	Amanda Walker Firm/Company	
	13943 Bertly CLR Address	
	Et Myers FL 33912 City/State and Zip Code Gmanda mad 78 @ MSN. COM	
For fireth	E-mail address: (to be used for future annual report notification)  ter information concerning this matter, please call:	
	Amanda Walker at (239) 633 6172  Name of Person Area Code & Daytime Telephone Number	
Enclosed	l is a check for the following amount: Diease sce attached Document REF # W100000 3677	i
\$25,0	Of Filing Fee \$\ \text{Certificate of Status} S55.00 Filing Fee &	d)

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



August 5, 2010

AMANDA WALKER 13943 BENTLY CIR FT MYERS, FL 33912

SUBJECT: AMANDA MAE WALKER P.A.

Ref. Number: W10000036774

We have received your document for AMANDA MAE WALKER P.A. and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

An LLC cannot use the suffix P.A. as that is associated with a corporation. Enclosed are the forms for you to convert your LLC to a corporation.,

There is a balance due of \$70.00.

The specific business purpose of the professional association must be stated in the document.

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) 245-6967.

Leslie Sellers Regulatory Specialist II

Letter Number: 210A00018839



August 18, 2010

AMANDA WALKER 13943 BENTLY CIR FT MYERS, FL 33912

SUBJECT: AMANDA MAE WALKER P.A.

Ref. Number: W10000036774

We have received your document for AMANDA MAE WALKER P.A. and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The form you submitted is for a CORPORATION, but your entity is a LIMITED LIABILITY COMPANY. Please complete and return the enclosed blank form(s).

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) 245-6967.

Leslie Sellers Regulatory Specialist II

Letter Number: 910A00019886

www.sunbiz.org

# ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Amarda Mae UC					
(Name of the Limited Liability Company as it now appears on our records.) (A Florida Limited Liability Company)					
(A Frontia Billing Billing	omy company)				
The Articles of Organization for this Limited Liability Company w	ere 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	ty company here:				
Amanda MAE WAIKER	uc				
The new name must be distinguishable and end with the words "Limited "L.L.C."	Liability Company," the designation "LLC" or the abbreviation				
Enter new principal offices address, if applicable:	13943 Bently CIR				
(Principal office address MUST BE A STREET ADDRESS)	FORT Hyers FL 33912				
Enter new mailing address, if applicable:					
(Mailing address MAY BE A POST OFFICE BOX)					
Muning dualess MAT DE ATOST OF TICE BOA					
B. If amending the registered agent and/or registered offic	e address on our records, enter the name of the new				
registered agent and/or the new registered office address here:	enderties on our records, enter the name of the new				
Name of New Registered Agent:	فند				
	S 10				
New Registered Office Address:	Enter Florida street address				
	Enter Florida street duaress				
	, Florida				
	City Z Z Code				
New Registered Agent's Signature, if changing Registered Agent:					
	<b>THE 52</b>				
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 completed accept the obligations of my position as registered agent as pro-					
being filed to merely reflect a change in the registered office a					
company has been notified in writing of this change.					
If Changi	ing 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

<u>Title</u>	Name	Address	Type of Action
			Add Remove
			Add Remove
			Add Remove
<u>.</u>			Add Remove
<del></del>			□Add □Remove
<del></del>			Add Remove
D. If amen	nding any other information, enter chang	ge(s) here: (Attach additional sheets, if necessary.)	_
_			_
_			
Dated	September 8, 201	<u>D</u> .	
	Signature of a membe	r of authorized representative of a member	_
		Mac WAIKER  Tor printed name of signee	- <del></del>

Page 2 of 2

Filing Fee: \$25.00