

LO9VVVV061264

(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:

Call when Ready
681-6788

Office Use Only



400174731054

04/07/10--01020--017 **25.00

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
10 APR - 7 AM 9:12

RECEIVED
DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
2010 APR - 7 PM 2:09
NOT INTENDED
TO ACKNOWLEDGE
SUFFICIENCY OF FILING

B. KOHR

APR - 8 2010

EXAMINER

RUTLEDGE, ECENIA, & PURNELL
PROFESSIONAL ASSOCIATION
ATTORNEYS AND COUNSELORS AT LAW

STEPHEN A. ECENIA
RICHARD M. ELLIS
JOHN M. LOCKWOOD
MARTIN P. MCDONNELL
J. STEPHEN MENTON

POST OFFICE BOX 551, 32302-0551
119 SOUTH MONROE STREET, SUITE 202
TALLAHASSEE, FLORIDA 32301

TELEPHONE (850) 681-6788
TELECOPIER (850) 681-6515

R. DAVID PRESCOTT
HAROLD F.X. PURNELL
MARSHA E. RULE
GARY R. RUTLEDGE
MAGGIE M. SCHULTZ

GOVERNMENTAL
CONSULTANTS
JONATHAN M. COSTELLO
MARGARET A. MENDUNI

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
10 APR -7 AM 9:12

VIA HAND DELIVERY

MEMORANDUM

TO: Florida Department of State
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, Florida 32301

FROM: Teri Choulat
Assistant to Maggie M. Schultz

DATE: April 7, 2010

RE: Amendment to Articles of Organization

Attached for filing are an Amendment to the Articles of Organization of
Insomnia, LLC, and a Resignation of Manager form, along with two checks in the
amount of \$25 for the two filing fees. Please call our office at 681-6788 when the filed
documents are ready for pickup. Thank you.

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Insomnia, L.L.C.
Name of Limited Liability Company

FILED
TALLAHASSEE, FLORIDA
DIVISION OF CORPORATIONS
10 APR -7 AM 9:12

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Maggie M. Schultz, Esq.

Name of Person

Rutledge, Ecenia and Purnell, P.A.

Firm/Company

119 S. Monroe Street, Suite 202

Address

Tallahassee, Florida 32301

City/State and Zip Code

maggies@reuphlaw.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Maggie M. Schultz, Esq.

Name of Person

at (850)

681-6788

Area Code & Daytime Telephone Number

Enclosed is a check for the following amount:

- | | | | |
|---|--|--|--|
| <input type="checkbox"/> \$25.00 Filing Fee | <input type="checkbox"/> \$30.00 Filing Fee &
Certificate of Status | <input type="checkbox"/> \$55.00 Filing Fee &
Certified Copy
(additional copy is enclosed) | <input type="checkbox"/> \$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
SECRETARY OF STATE
DIVISION OF CORPORATIONS
10 APR -7 AM 9:12

Insomnia, L.L.C.

(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 June 25, 2009 and assigned
Florida document number L0900061264.

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

n/a

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:

n/a

(Principal office address MUST BE A STREET ADDRESS)

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

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:

n/a

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

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGRM	Adam Keister	18329 U.S. Highway 19 North, C & D Hudson, Florida 34667	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
MGR	Jeff Roberts	1428 U.S. Highway 19 North Holiday, Florida 34691	<input type="checkbox"/> Add <input checked="" 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.)*

Dated _____

Signature of a member or authorized representative of a member

Jeff Roberts

Typed or printed name of signee