

LO9000065134

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

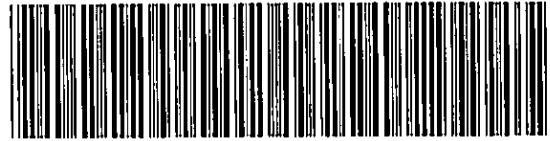
(Business Entity Name)

(Document Number)

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STATE DEPT. OF REVENUE  
DIVISION OF CORPORATION  
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N COOPER  
JUN 26 2018

## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: BEST BUY OF OCALA 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:

Jennifer K. Welch

\_\_\_\_\_  
Name of Person

\_\_\_\_\_  
Firm/Company

6153 SE 87th Street

\_\_\_\_\_  
Address

Ocala, FL 34472

\_\_\_\_\_  
City/State and Zip Code

jenniegirl77@combarqmail.com

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

For further information concerning this matter, please call:

Jennifer K. Welch

352 470-2876

at (\_\_\_\_\_) \_\_\_\_\_

\_\_\_\_\_  
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**

BEST BUY OF OCALA 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 July 7, 2009 and assigned  
Florida document number 109000065134.

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 contain 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)

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

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DIVISION OF CORPORATE AFFAIRS  
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**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:

Jennifer K. Welch

New Registered Office Address:

6153 SE 87th Street

Enter Florida street address

Ocala

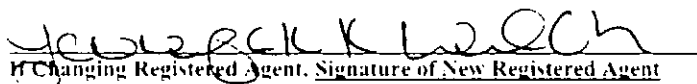
City

Florida 34472

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 605, 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 Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added or removed from our records:

MGR = Manager

AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGRM	JOHN D. WELCH	6153 SE 87th Street	<input type="checkbox"/> Add
		Ocala, FL 34472	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	JENNIFER K. WELCH	6153 SE 87th Street	<input checked="" type="checkbox"/> Add
		Ocala, FL 34472	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
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SECRETARY OF STATE  
DIVISION OF INFORMATION  
18 JUN 25 PM 3:46

(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b)

If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of:

Dated May 30, 2018

YOUNGER BUCH  
Signature of a member or authorized representative of a member

Jennifer K. Welch, Personal Representative of the Estate of John David Welch, deceased

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**Filing Fee: \$25.00**