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T. HAMPTON

OCT 12 2010

EXAMINER

COVER LETTER

Division of Co				
SUBJECT:	Dan's Mobile	Home Services LLC		
	Name of Lim	ited Liability Company		
The enclosed Articles of	of Amendment and fee(s) are su	bmitted for filing.		
Please return all corresp	oondence concerning this matte	r to the following:		
		Daniel W. Lemieux	<u>.</u> .	
		Name of Person		
	Dan's	Mobile Home ServicesLLC		
		Firm/Company		
		P.O. Box 236		
		Address		
	G	rand Ridge, FL 32442		
		City/State and Zip Code		
selenasj@hotmail.com E-mail address: (to be used for future annual report notification)				
For further information	concerning this matter, please	•	ication)	
Se	elena Jenkins	at (_850)	592-8700	
Name	of Person	Area Code & Daytim	e 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

Dan's Mol	bile Home Services i	_L.U	
(Name of the Limited Liabi	lity Company as it now appea la Limited Liability Company)	rs on our records.	
(A Fiolic	ia Limited Liability Company)		وي
The Articles of Organization for this Limited Liability	Company were filed on	July 7, 2009	and sign
Florida document number L0900065289			8 22
This amendment is submitted to amend the following	 : :		TARY OF CORT
A. If amending name, enter the new name of the li	<u>imited liability company he</u>	<u>re</u> :	
Dan's Mo	bile Home Service: LL	.C	ച ഈ
The new name must be distinguishable and end with the vull.L.C."	words "Limited Liability Comp	any," the designation "L	LC" or the abbreviation
Enter new principal offices address, if applicable:	<u></u>		
(Principal office address MUST BE A STREET AD	DRESS)	- ·	
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	<u> </u>		
B. If amending the registered agent and/or registered agent and/or the new registered office a		our records, <u>enter t</u>	he name of the nev
Name of New Registered Agent:			
New Registered Office Address:			
Troping of the real of	· Er	nter Florida street add	ress
		, 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, <u>enter the title, name, and address of each Manager or Managing Member being added or removed from our records</u>:

MGR = Manager

		Address		<u>Action</u>
			Add Remov	⁄e
	·			
			Add Remov	⁄e
<u></u>			Add Remov	⁄e
	·		Add Remov	ve
			Add	
			Remove	e
			Add Remove _	e
. If amend	ling any other information, enter chan	ge(s) here: (Attach additional sheets, if necessary.)	ا مند ا	2 2 3
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		<u>. </u>		STATE
ated / D	-11-2010		_	<u>5</u>
	Signature of a member	er or authorized representative of a member		
	_	Paniel W. Lemieux		

Page 2 of 2

Filing Fee: \$25.00