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EXAMINER NOV 2 3 2010

## **COVER LETTER**

TÓ: Registration Section Division of Corporations			
SUBJECT: BESSED HANDS COLLEINS  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:			
Rebecca Stutzman			
BIESSED HANDS COHERING			
243 Field End Street			
Sarasota, Fl 34240			
City/State and Zip Code    City/State and Zip Code   City/State and Zi			
For further information concerning this matter, please call:			
Rubecca Stutzman at (94) 993.0933  Name of Person at (94) 993.0933  Area Code & Daytime Telephone Number			
Enclosed is a check for the following amount:			
\$25.00 Filing Fee \$\times \text{S30.00 Filing Fee & Certificate of Status}\$\$ \$55.00 Filing Fee & Certificate of Status \$\$ \$60.00 Filing Fee, Certificate of Status & Certificate of Status & Certificate 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

ARTICLES OF	ORGANIZATION	RADIO		
•	OF	10 NOV -		
	npany as it now appears on sur records. ed Liability Company)	10 NOV 22 PM 1:5		
The Articles of Organization for this Limited Liability Compa	any were filed on <u>8 - 18 - 200</u>	and assigned		
This amendment is submitted to amend the following:				
A. If amending name, enter the new name of the limited l	iability company here:			
The new name must be distinguishable and end with the words "L".L.C."	imited Liability Company," the designation	n "LLC" or the abbreviation		
Enter new principal offices address, if applicable:	243 Field ENG	d Street		
(Principal office address MUST BE A STREET ADDRESS)	2 21R050+9, F1. 39	1240		
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	243 Field End Sarasola, FI	Stepot 31/240		
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:				
New Registered Office Address:	Enter Florida street	address		
	, Florida	······		
<del></del>	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 **Title Name Address Type of Action** ☐ Add ☐ Remove ☐ Add Remove ∏Add Remove  $\prod$ Add Remove D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) Signature of a member of authorized representative of a member Stutzman Typed or printed name of signee

Page 2 of 2

Filing Fee: \$25.00