

L09000080806

(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:

Office Use Only



600183106196

07/14/10--01008--001 **30.00

FILED
2010 JUL 14 AM 10:27
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

C. LEWIS

JUL 15 2010

EXAMINER

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Modus Direct, 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:

Shani Reardon

Name of Person

Modus Direct, LLC

Firm/Company

2267 Briar Creek Way

Address

Sarasota, FL 34235

City/State and Zip Code

shani@modusdirect.com

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

For further information concerning this matter, please call:

Shani Reardon

Name of Person

at (941)

914-3461

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**

FILED

2010 JUL 14 AM 10:27

Modus Direct, LLC

(Name of the Limited Liability Company as it now appears on our records)
(A Florida Limited Liability Company)

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

The Articles of Organization for this Limited Liability Company were filed on August 21, 2009 and assigned
Florida document number 27 0777897 L 0900008080L6

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 end with the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."

Enter new principal offices address, if applicable:

7361 International Place Suite 401

(Principal office address MUST BE A STREET ADDRESS)

Sarasota, Florida 34240

Enter new mailing address, if applicable:

7361 International Place Suite 401

(Mailing address MAY BE A POST OFFICE BOX)

Sarasota, Florida 34240

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:

7361 International Place Suite 401

Enter Florida street address

Sarasota

City

Florida

34240

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:

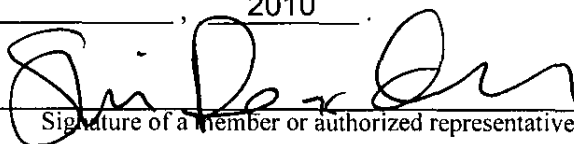
MGR = Manager
MGRM = Managing Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
Mr	Michael Altieri <u>MGRM</u>	2623 44th Street S. Gulfport, FL 33707	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
Ms	Stephanie Brown <u>MGRM</u>	208 Bon Vie Place Valrico, FL 33594	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
Mr	Jordan Jacobson <u>MGRM</u>	3083 Ashland Terrace Clearwater, FL 33764	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
Mr	Michael Reardon <u>MGRM</u>	4802 Hawkshead Parkway Sarasota, FL 34232	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
Mrs	Cynthia Hooper <u>MGRM</u>	5593 Cedar Oak Drive Sarasota, FL 34231	<input checked="" 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.)

FILED
2010 JUL 14 AM 10:27
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Dated July 7, 2010



Signature of a member or authorized representative of a member

Shani Reardon

Typed or printed name of signee