L09000093566

(Re	questor's Name)	
(Ad	dress)	
(Ad	dress)	
(Cit	y/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Nar	ne)
(Do	cument Number)	
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SECRETARY OF STATE TALLAHASSEE, FLORID

COVER LETTER

TO:		tration Sec		<u>,</u>	
SUBJ	- FOT. A	Audre	ys Attic LLC	•	
SORI	ECT: _	 -		ited Liability Company	
The er	nclosed A	Articles of A	amendment and fee(s) are sub-	mitted for filing.	
Please	return al	ll correspon	dence concerning this matter	to the following:	
			Joseph Tille	y	
				Name of Person	
			Audreys Atti	c LLC	
				Firm/Company	
			104 10th St.	N.	
				Address	
			Naples, Fl. 3	34102	
				City/State and Zip Code	
			dtilley@audreys-a	attic.com to be used for future annual report no	
For fu	rther info	ormation co	ncerning this matter, please ca		othication)
_		n Tille	-	_{at (} 239 ₎ 403-	8322
		Name of	Person	Area Code Dayı	ime Telephone Number
Enclos	sed is a c	heck for the	e following amount:		
□ \$2	25.00 Fili	ng 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



February 26, 2014

JOSEPH TILLEY 104 10TH ST. N. NAPLES, FL 34102

SUBJECT: AUDREY'S ATTIC LLC Ref. Number: L09000093566

We have received your document for AUDREY'S ATTIC LLC and your check(s) totaling \$30.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Section 605.0203(1)(b), Florida Statutes, requires the document(s) to be signed by one person acting as an authorized representative.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Neysa Culligan Regulatory Specialist II

Letter Number: 414A00004284

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

FILED 2014 MAR II AM 10: 48

SECRETARY OF STATE TALLAHASSEE, FLORIDA

AUDREYS ATTIC 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 Compa	any were filed on 09/28/2009	and assigned
Florida document number L09000093566		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited l	liability company here:	
AUDREY'S LLC		
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:		
(Principal office address MUST BE A STREET ADDRESS	<u> </u>	
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		
B. If amending the registered agent and/or registered registered agent and/or the new registered office address		nter the name of the new
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida street address	
	, Florid	a
	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 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 the Managers or Authorized Member on our records, <u>enter the title, name, and address of each Manager or Authorized Member being added or removed from our records</u>:

MGR = Ma AMBR = Au	nnager ithorized Member	, ,	
<u>Title</u>	<u>Name</u>	Address	Type of Action
AMBR	QUENBY TYLER	104 10th ST. N.	= Add
		NAPLES, FL. 34102	Remove
<u>AMB</u> R	ASHLEY MEANS	104 10th ST. W. NAPLES Fl. 3410	® Add 2
			□ Add
			Add □ Add
			□ Add □ Remove
			Add Remove

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ffective date must be specific, cannot be prior to date of	of receipt or filed date and	(optional) cannot be more than 90 days after
effective date must be specific, cannot be prior to date of date this document is filed by the Florida Department of	of receipt or filed date and	(optional) cannot be more than 90 days after
ffective date must be specific, cannot be prior to date of late this document is filed by the Florida Department o	of receipt or filed date and	(optional) cannot be more than 90 days after
Fignature of a men	of receipt or filed date and	cannot be more than 90 days after
effective date must be specific, cannot be prior to date of date this document is filed by the Florida Department of the EBRUARY 21	of receipt or filed date and of State)	cannot be more than 90 days after

Page 3 of 3

Filing Fee: \$25.00

SECRETARY OF STATE