

L09000096951

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

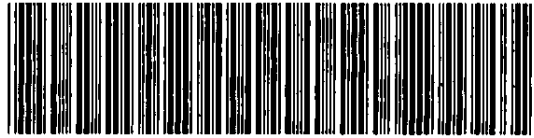
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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03/22/10--01015--007 \*\*30.00

FILED  
10 MAR 22 PM 4: 55  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

S. HAWKES  
MAR 23 2010  
EXAMINER

FLORIDA DEPARTMENT OF STATE  
P.O. BOX 6327  
TALLAHASSEE, FL 32314

MARCH 15, 2010

RE: AMENDING LLC- REMOVING ONE MEMBER ADDING ANOTHER

To whom it may concern,

Included is the forms necessary to remove a member as well as add one. If further information is needed please feel free to contact either one of the members at:

business office number 904-721-9998

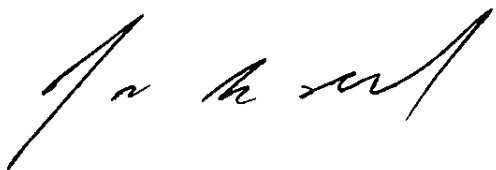
Jason Reed number 904-444-9802

Marysol Reed 904-352-0758

removed member Chrissi Mulder 904-710-4644

Thank you

**BLUE EYES BRAT LLC D/B/A *TROPICAL TAN***  
**1821 PARENTAL HOME RD #3**  
**JACKSONVILLE FL 32216**

A handwritten signature in black ink, appearing to read "Jason Reed", is written over the printed name and address of Blue Eyes Brat LLC.

## COVER LETTER

**TO: Registration Section  
Division of Corporations**

**SUBJECT: BLUE EYES BRAT**

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:

**MARYSOL REED**

Name of Person

Firm/Company

**1821 PARENTAL HOME RD #3**

Address

**JACKSONVILLE FLORIDA 32216**

City/State and Zip Code

**cdlegalclinic@yahoo.com**

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

For further information concerning this matter, please call:

**MARYSOL REED**

Name of Person

at ( 904 )

**352-0758**

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**

**BLUE EYES BRAT**

(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 10/07/2009 and assigned  
Florida document number L09000096951

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TALLAHASSEE, FLORIDA

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:

(Principal office address MUST BE A STREET ADDRESS)

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

**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:

MARYSOL REED

New Registered Office Address:

1821 PARENTAL HOME RD #3

*Enter Florida street address*

JACKSONVILLE

Florida

32216

*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.*

*Marysol Reed*  
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>
MGM	CHRISSI MULDER	4282 EAGLE VIEW LANE JACKSONVILLE FL 32277	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
MGRM	MARYSOL REED	1821 PARENTAL HOME RD #3 JACKSONVILLE FLORIDA 32216	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove

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D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

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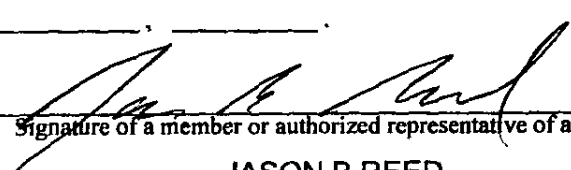


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Dated \_\_\_\_\_



Signature of a member or authorized representative of a member

JASON B REED

Typed or printed name of signee