

L 09000098030

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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(Business Entity Name)

(Document Number)

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03/21/13--01014--015 **25.00

FILED
13 MAR 27 PM 4:10
TALLAHASSEE, FLORIDA

K. SALY
EXAMINER
MAR 28 2013



FLORIDA DEPARTMENT OF STATE
Division of Corporations

March 22, 2013

DICKERSON CONSULTING LLC
SHANE DICKERSON
11124 HASKELL DR.
CLERMONT, FL 34711

SUBJECT: DICKERSON CONSULTING LLC
Ref. Number: L09000098030

We have received your document for DICKERSON CONSULTING LLC and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The name designated in your document is unavailable since it is the same as, or it is not distinguishable from the name of an administratively dissolved/revoked entity. Names of administratively dissolved/revoked entities are not available for one year from the date of administrative dissolution/revocation unless the dissolved/revoked entity provides the Department of State with an affidavit or letter stating that they have no intention of reinstating, therefore, releasing the name for use to another entity.

Adding "of Florida" or "Florida" to the end of a name is not acceptable.

The document number of the name conflict is L11000103473 "SPECIALIZED MARKETING STRATEGIES, LLC".

If you have any questions concerning the filing of your document, please call (850) 245-6870.

Karen A Saly
Regulatory Specialist II

Letter Number: 313A00006906

COVER LETTER

TO: **Registration Section**
Division of Corporations

SUBJECT: Dickerson Consulting 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:

Shane Dickerson
Name of Person

Dickerson Consulting LLC
Firm/Company

11124 Haskell Dr
Address

Clermont, FL 34711
City/State and Zip Code

Shanedickerson@gmail.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Shane Dickerson at 407, 616-1050
Name of Person 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**

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

FILED
13 MAR 27 PM 4:10
CLERK OF DISTRICT COURT
ALACHUA COUNTY, FLORIDA

The Articles of Organization for this Limited Liability Company were filed on 10/12/2009 and assigned
Florida document number L09000098030

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

Specialized Marketing Solutions 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)

283 Cranes Roost Blvd.
Suite 111
Altamonte Springs, FL 32701

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

283 Cranes Roost Blvd
Suite 111
Altamonte Springs, FL 32701

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 _____

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

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
_____	_____	_____	☐ Add
		_____	☐ Remove

_____	_____	_____	☐ Add
		_____	☐ Remove

_____	_____	_____	☐ Add
		_____	☐ Remove

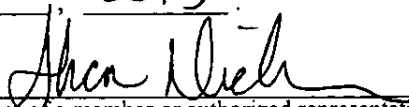
_____	_____	_____	☐ Add
		_____	☐ Remove

_____	_____	_____	☐ Add
		_____	☐ Remove

_____	_____	_____	☐ Add
		_____	☐ Remove

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

Dated March 26, 2013



Signature of a member or authorized representative of a member

Shane Dickerson

Typed or printed name of signee

Page 3 of 3

Filing Fee: \$25.00