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10 FEB 18 PM 2:02  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

J. BRYAN

FEB 19 2009

EXAMINER

## COVER LETTER

TO: **Registration Section**  
**Division of Corporations**

SUBJECT: Early Bird Solutions, 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:

Stuart Keeley

Name of Person

Early Bird Solutions, LLC

Firm/Company

13820-113 Old St. Augustine, #250

Address

Jacksonville, fl 32258

City/State and Zip Code

owners@earlybirdsolutions.com

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

For further information concerning this matter, please call:

Stuart Keeley

Name of Person

at ( 904 )

527-3224

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

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TALLAHASSEE, FLORIDA

ARTICLES OF AMENDMENT  
TO  
ARTICLES OF ORGANIZATION  
OF

FILED  
10 FEB 18 PM 2:02  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Early Bird Solutions, 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 Company were filed on 01/15/2010 and assigned  
Florida document number L10000005824.

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:

13820-113 Old St. Augustine, #250

**(Principal office address MUST BE A STREET ADDRESS)**

Jacksonville, FL 32258

Enter new mailing address, if applicable:

13820-113 Old St. Augustine, #250

**(Mailing address MAY BE A POST OFFICE BOX)**

Jacksonville, FL 32258

**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:

13820-113 Old St. Augustine, #250

*Enter Florida street address*

Jacksonville

Florida

32258

*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>
MGR	Stuart J. Keeley	13820-113 Old St. Augustine, #250 Jacksonville, FL 32258	<input type="checkbox"/> Add <input type="checkbox"/> Remove
MGR	Angela H. Keeley	13820-113 Old St. Augustine, #250 Jacksonville, FL 32258	<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
			<input type="checkbox"/> Add <input type="checkbox"/> Remove

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

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Dated 2/15, 2010



Signature of a member or authorized representative of a member

Stuart Keeley

Typed or printed name of signee

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 TALLAHASSEE, FLORIDA