## 40000011415

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SECRETARY 61 STATE
DIVISION OF CONFERNATION

N. Cuttigan DEC 2 9 2010

## **COVER LETTER**

го:	Registration S Division of Co			
, 		Redne	ck Candle, LLC	
SUBJE	ECT:	<del></del>	ited Liability Company	
		f Amendment and fee(s) are su	•	
Please	return all corresp	ondence concerning this matte	r to the following:	
Mary Borchers				
			Name of Person	
			Firm/Company	<del> </del>
20336 NW 259th Terrace				
			Address	<del></del>
		Hig	h Springs, Florida 32643 City/State and Zip Code	
		sim	•	
		E-mail address:	plebeginnings@live.com to be used for future annual report notifica	tion)
or fur	ther information (	concerning this matter, please.	call:	
<u></u>	<del>_</del>	ary Borchers	<u> </u>	72-1180
	Name (	of Person	Area Code & Daytime T	elepnone Number
Enclose	ed is a check for t	he 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		ration Section on of Corporations	STREET/COURIED Registration Section Division of Corporati Clifton Building	
		assee, FL 32314	2661 Executive Center Tallahassee, FL 3230	

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

DIVISION OF CORPORATION

Red	neck Candle, LLC	TO DEC Z	B AM 10: 31
(Name of the Limited Liabil	ity Company as it now appear a Limited Liability Company)		**************************************
(// Florid	a Edinica Elabinity Company)	ŧ	
The Articles of Organization for this Limited Liability	Company were filed on	02-01-2010	and assigned
Florida document number L10000011415	·		
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the li	mited liability company her	<u>æ</u> :	
Simp	le Beginnings, LLC		
The new name must be distinguishable and end with the w "L.L.C."	vords "Limited Liability Compa	nny," the designation "I	LC" or the abbreviation
Enter new principal offices address, if applicable:	****	······································	
(Principal office address MUST BE A STREET ADI	DRESS)		<u></u>
Enter new mailing address, if applicable:			
(Mailing address MAY BE A POST OFFICE BOX)			
	<u></u>	· · · · · · · · · · · · · · · · · · ·	
	- 1100 11 11 11 11 11 11 11 11 11 11 11 1		
B. If amending the registered agent and/or regi	istered office address on o	our records, <u>enter t</u>	he name of the new
registered agent and/or the new registered office ad	<u> dress here</u> :		
Name of New Registered Agent:	· · · · · · · · · · · · · · · · · · ·		
New Registered Office Address:			
	Ent	ter Florida street addi	ress
		, Florida	
<del></del>	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 amending the Managers or Managing Members on our records, <u>enter the title, name, and address of each Manager or Managing Member being added or removed from our records</u>:

	<u>Name</u>	Address	Type of Actio
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_ <del>-</del> _			Add Remove
<del></del>	······································		Add Remove
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			Add Remove
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amen	ding any other information, enter char	nge(s) here: (Attach additional sheets, if necessary.)	_
_			SECRETA DIVISION OF 10 DEC 28
	December 28th	2010	SECRETARY OF SHAPES
	December 28th , _2	2010 .	- 🗢 📆

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