

U100000/4277

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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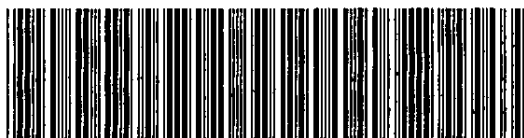
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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T. CLINE
APR 14 2010
EXAMINER

FILED
2010 APR 13 AM 10:50
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: BORDERS D AND F 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:

STAN HOUSTON

Name of Person

BDF

Firm/Company

14634 BOURNEMOUTH RD

Address

TAMPA, FL 33626

City/State and Zip Code

SH3834@GMAIL.COM

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

For further information concerning this matter, please call:

STAN HOUSTON

Name of Person

at (**813**)

562-9311

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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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FILED

**ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF**

BORDERS D AND F 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 _____ and assigned
Florida document number L10000014277

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)

14634 BOURNEMOUTH RD

TAMPA, FL 33626

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

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2010 APR 13 AM 10:50
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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:

STAN HOUSTON

New Registered Office Address:

14634 BOURNEMOUTH RD

Enter Florida street address

TAMPA

Florida

33626

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	STAN HOUSTON	14634 BOURNEMOUTH RD TAMPA, FL 33626	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
MGR	KEITH TURNER	14634 BOURNEMOUTH RD TAMPA, FL 33626	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
MGR	JEFF WILLIAMS	13921 PEPPERRELL DR TAMPA, FL 33624	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
MGR	FRANK FULGHUM	5008 LINEBAUGH AVE. WEST TAMPA, FL 33624	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
MGR	BILL VOELLER	13921 PEPPERRELL DR TAMPA, FL 33624	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove

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2010 APR 13 PM 5:50
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TALLAHASSEE, FLORIDA

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

Dated APRIL 9, 2010


Signature of a member or authorized representative of a member

STAN HOUSTON

Typed or printed name of signee