L10000020043

. (Re	equestor's Name)	
(Ad	ldress)	 .
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(Cit	ty/State/Zip/Phone	e #)
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COVER LETTER

.TO: Registration Section
Division of Corporations

Providence Engraving, 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:

Richard C. Isbell				
Name of Person				
Firm/Company				
гиписопрацу				
055 Marine Pkwy				
Address				
New Port Richey, FL 34652				
City/State and Zip Code				
rciprovidence@aol.com				
E-mail address: (to be used for future annual report notification)				

For further information concerning this matter, please call:

Richard C. Isbell

_{.,,7}65、418-6096

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

FILED

ARTICLES OF AMENDMENT TO

2013 JUL 18 AM II: 55 ARTICLES OF ORGANIZATION

OF

ECRETARY OF SHATE

(Name of the Limited (A	Florida Limited I	ny as it now ap Liability Compar	ny)	
The Articles of Organization for this Limited Li. Florida document number <u>L10000020043</u>	ability Company	were filed on	February 22nd, 2010	_ and assigned
This amendment is submitted to amend the follow	wing:			
A. If amending name, enter the new name of	the limited liab	ility company	here:	
Richard Isbell, LLC				
The new name must be distinguishable and end with "L.L.C."	h the words "Lim	ted Liability Co	mpany," the designation "LL	C** or the abbreviation
Enter new principal offices address, if applica	able:	4055 Mar	ine Pkwy	
(Principal office address MUST BE A STREE	T ADDRESS)	New Port	Richey, FL 34652	
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE A	<u>BOX)</u>	4055 Mar New Port	ine Pkwy Richey, FL 34652	
B. If amending the registered agent and/or registered agent and/or the new registered of Name of New Registered Agent: New Registered Office Address:	4055 Marir	ne Pkwy	Enter Florida street addre	ss
	New Port F	Richey	, Florida 346	52

New Registered Agent's Signature, if changing Registered Agent:

Providence Engraving, LLC

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.

City

Zip Code

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>:

MGR - Ma $MGRM = N$	Managing Member		
<u>Title</u>	<u>Name</u>	Address	Type of Action
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-	Rich	Signature of	[, <u>T</u> 5	horized representati	

Page 3 of 3

Filing Fee: \$25.00

SECRETARY OF STATE