## L10000025462

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## **COVER LETTER**

	Earthforn	ns, LLC			
SUBJECT:		Name of Limited Liability Company			
The enclosed	d Articles of	Amendment and fee(s) are sub-	mitted for filing.		
Please returi	all correspo	ndence concerning this matter	to the following:		
		Larry C Neese II			
			Name of Person		
		Earthforms LLC			
			Firm/Company	<del></del>	
		2801 Sunrise Blvd			
			Address		
		Fort Pierce Florida 34982  City/State and Zip Code			
		larryneese@gmail.co			
			to be used for future annual report notifi	ication)	
For further i	nformation c	oncerning this matter, please ca	all:		
Larry C N	leese II		772 643	3-5390	
	Name o	f Person		Telephone Number	
Enclosed is	a check for th	ne following amount:			
□ \$25.00 I	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

Editiioms, LLC		
( <u>Name of the Limited Liability</u> (A Florida )	Company as it now appears on our records.) Limited Liability Company)	
The Articles of Organization for this Limited Liability Co Florida document numberL10000025462		and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limit	ted liability company here:	
Larry Neese LLC		
The new name must be distinguishable and end with the words "Lim	nited 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 ADDRI	ESS)	
Enter new mailing address, if applicable:  (Mailing address MAY BE A POST OFFICE BOX)  B. If amending the registered agent and/or regist registered agent and/or the new registered office address.		the name of the new
Name of New Registered Agent:		7 N N N N N N N N N N N N N N N N N N N
New Registered Office Address:		ICT 2
	Enter Florida street address , <b>Florida</b>	S AH
	City	Co Zip Cople
New Registered Agent's Signature, if changing Registered	l Agent:	0 0
I hereby accept the appointment as registered agent a provisions of all statutes relative to the proper and co accept the obligations of my position as registered ag being filed to merely reflect a change in the registered	omplete performance of my duties, and I am tent as provided for in Chapter 605, F.S. Oi	familiar with and r, if this document is

If Changing Registered Agent, Signature of New Registered Agent

company has been notified in writing of this change.

If amending the Managers or Authorized Member on our records, <u>enter the title</u>, <u>name</u>, <u>and address of each Manager or Authorized Member being added or removed from our records</u>:

<u> Title</u>	<u>Name</u>	Address	Type of Action
			□ Add
			☐ Remove
			☐ Remove
			□ Remove
<del> </del>	<u></u>		Add
	/	<i></i>	Remove
			□ Add
			Remove
			Add
	/		□ Remove

ii amending any other informa	ation, enter change(s) nere: (Attach additional sheets, if necessary.)
<del></del>	
Effective date, if other than the (The effective date must be specific, can the date this document is filed by the F	nnot be prior to date of receipt or filed date and cannot be more than 90 days after Florida Department of State)
Dated October 27	_2014
Dated	·
	Signature of a member or authorized representative of a member
Larry C Neese II	organisate of a member of authorized representative of a member
Larry Neese II	Toward on animated manine of silvane.
	Typed or printed name of signee

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Filing Fee: \$25.00

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