

L10000026561

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

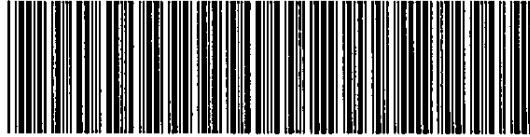
(Business Entity Name)

(Document Number)

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2016 SEP - 1 PM 4:57

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

K. SALLY
EXAMINER
SEP - 6



FLORIDA DEPARTMENT OF STATE
Division of Corporations

August 19, 2016

MAIL ORDER SERVICES OF BREVARD LLC
DANIEL RICHARDS
640 ATLANTIS RD.
MELBOURNE, FL 32904

SUBJECT: MAIL ORDER SERVICES OF BREVARD LLC
Ref. Number: L10000026561

2016 SEP - 1 11:11:13
MAIL ORDER SERVICES OF BREVARD LLC
DANIEL RICHARDS
640 ATLANTIS RD.
MELBOURNE, FL 32904

We have received your document for MAIL ORDER SERVICES OF BREVARD LLC and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

We are enclosing the proper form(s) with instructions for your convenience.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Karen A Saly
Regulatory Specialist II

Letter Number: 116A00017642

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: Mail Order Services of Brevard, 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:

Daniel Richards

Name of Person

Mail Order Services of Brevard, LLC

Firm/Company

640 Atlantis Rd

Address

Melbourne, FL 32904

City/State and Zip Code

joanm@absolutely-natural.com

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

For further information concerning this matter, please call:

Daniel Richards

321

728-7191

at ()

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

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

Mial Order Services of Brevard, LLC

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

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TALLAHASSEE, FLORIDA

The Articles of Organization for this Limited Liability Company were filed on 3/9/2010 and assigned
Florida document number L10000026561.

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

N/A

The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."

Enter new principal offices address, if applicable:

N/A

(Principal office address MUST BE A STREET ADDRESS)

Enter new mailing address, if applicable:

N/A

(Mailing address MAY BE A POST OFFICE BOX)

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:

N/A

New Registered Office Address:

Enter Florida street address

_____, Florida

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 605, 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 Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added or removed from our records:

MGR = Manager

AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGR	LINDSEY M. BARBER	42 Mohican Way	<input type="checkbox"/> Add
		Melbourne Beach, FL 32951	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	DANIEL RICHARDS	115 Ocean Spray Ave.	<input checked="" type="checkbox"/> Add
		Satellite Beach, FL 32937	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
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SECRETARY OF FLORIDA
ALL INFORMATION CONTAINED
HEREIN IS UNCLASSIFIED
DATE 4/25/16 BY SP-10/STP/ML

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

N/A

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2016 SEP - 1 AM 4:51
TALLAHASSEE FLORIDA

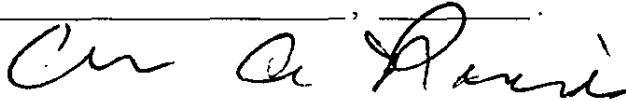
E. Effective date, if other than the date of filing: 6/21/2016 (optional)

(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of:
(b) The 90th day after the record is filed.

Dated August 28, 2016



Signature of a member or authorized representative of a member

Charles Richards

Typed or printed name of signee