

210000048126

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(Address)

(City/State/Zip/Phone #)

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D. BRUCE

DEC 12 2012

EXAMINER

## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT:

Artists Association of Jupiter 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: *mailing address*

Denise LeClair-Robbins

Name of Person

Artists Association of Jupiter, LLC

Firm/Company

19750 Beach Rd #304

Address

Jupiter, FL 33469

City/State and Zip Code

redhedinf1@gmail.com

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

For further information concerning this matter, please call:

Denise LeClair-Robbins

Name of Person

at (772) 5791500

Area Code & Daytime Telephone Number

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TALLAHASSEE, FLORIDA

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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**

Artists Association of Jupiter 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 05/05/2010 and assigned Florida document number L10000048126.

This amendment is submitted to amend the following:

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

~~AAA~~

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)**

Denise LeClair-Robbins

19750 Beach Rd #304

Jupiter, FL 33469

**Enter new mailing address, if applicable:**

**(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:**

mailing address

Name of New Registered Agent:

Denise LeClair-Robbins

New Registered Office Address:

19750 Beach Rd #304

*Enter Florida street address*

Jupiter

*City*

Florida

33469

*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.

Denise LeClair-Robbins  
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>
MGRM	Susan Lorenti	15690 68 <sup>th</sup> Court North	<input type="checkbox"/> Add
		Loxahatchee Fl. 33470	<input checked="" type="checkbox"/> Remove
MGRM	Denise LeChair Robbins	19750 Beach Rd #304	<input checked="" type="checkbox"/> Add
		Jupiter Florida 33469	<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
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			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
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SECRETARY OF STATE

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

NA

Dated

November 23, 2012

*Susan Lorenti*

*Denise LeClair-Robbins*

Signature of a member or authorized representative of a member

Susan Lorenti

Denise LeClair-Robbins

outgoing

Typed or printed name of signee

incoming

Page 3 of 3

Filing Fee: \$25.00

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