

L10000055079

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

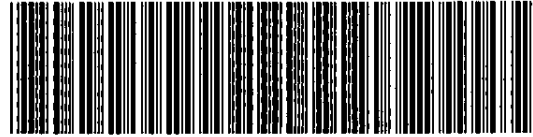
Special Instructions to Filing Officer:

L. SELLERS

JUN - 1 2011

EXAMINER

Office Use Only



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05/31/11--01007--012 **30.00

FILED
11 MAY 31 PM 4:02
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: ALWAYS GIVE BACK 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:

David G Drake

Name of Person

ALWAYS GIVE BACK LLC

Firm/Company

995 North Highway A1A #401

Address

Indialantic, Florida 32903

City/State and Zip Code

nsyd@cfl.rr.com

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

For further information concerning this matter, please call:

David G Drake

Name of Person

at (**774**)

238 0691

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**

ALWAYS GIVE BACK 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 May 21, 2010 and assigned
Florida document number L10000055079.

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)

995 North Highway A1A #401

Indialantic, Florida 32903

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

995 North Highway A1A #401

Indialantic, Florida 32903

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:

David G Drake

New Registered Office Address:

995 North Highway A1A #401

Enter Florida street address

Indialantic

City

Florida

32903

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

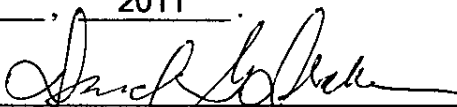
<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGRM	Loren C Strand	120 Ormond Avenue Indialantic, FL 32903	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove
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D. If amending any other information, enter change(s) here: *(Attach additional sheets, if necessary.)*

Please amend MGMR David "K" Drake to properly read MGMR David G Drake

this was a typo by registered agent and was not corrected within required
timeframe

Dated May 27, 2011



Signature of a member or authorized representative of a member

David G Drake

Typed or printed name of signee

FILED
11 MAY 31 PM 4:02
SECRETARY OF STATE
TALLAHASSEE, FLORIDA