

L100000058831

(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:

A. LUNT

JAN 12 2010

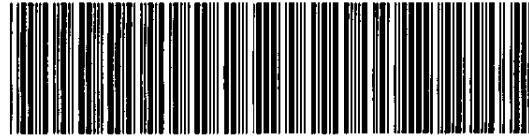
EXAMINER

Office Use Only

A. LUNT

JAN 12 2010

EXAMINER



200190078462

200190078462  
01/11/11--01004--002 \*\*25.00

2011 JAN 11 PM 4:36  
STATE OF FLORIDA  
TALLAHASSEE, FL 32304

FILED

## COVER LETTER

TO: **Registration Section  
Division of Corporations**

SUBJECT: Annette Marie Richardson, 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:

Annette M. Richardson

Name of Person

Annette Marie Richardson, LLC

Firm/Company

14950 Lake Olive Drive

Address

Fort Myers, FL 33919

City/State and Zip Code

annette@annetterichardson.net

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

For further information concerning this matter, please call:

Annette M. Richardson

Name of Person

at ( 239 )

896-7488

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  
2011 JAN 11 PM 4:36  
TALLAHASSEE, FLORIDA

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

Annette Marie Richardson, 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 05/27/2010 and assigned  
Florida document number L10000058831

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: 14950 Lake Olive Drive  
(Principal office address MUST BE A STREET ADDRESS) Fort Myers, FL 33919

Enter new mailing address, if applicable: 14950 Lake Olive Drive  
(Mailing address MAY BE A POST OFFICE BOX) Fort Myers, FL 33919

**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: \_\_\_\_\_

New Registered Office Address: 14950 Lake Olive Drive  
Enter Florida street address

Fort Myers, Florida 33919  
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 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>
			<input type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove

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

Please add EIN# 80-0608025

Dated December 3, 2010

  
 Signature of a member or authorized representative of a member

Annette M. Richardson

Typed or printed name of signee

FILED  
 2011 JAN 11 PM 4:36  
 TALLAHASSEE, FLORIDA