

L100000058831

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

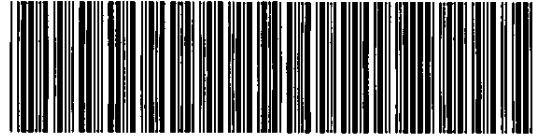
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FILED

14 JUN 17 PM 3:07
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

JUN 19 2014

T. BROWN

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 Van Vliet

Name of Person

Annette Van Vliet, LLC

Firm/Company

18791 River Estates Lane

Address

Alva, FL 33920

City/State and Zip Code

annette@annettevanvliet.com

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

For further information concerning this matter, please call:

Annette Van Vliet

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

**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)

FILED
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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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:

Annette Van Vliet, LLC

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:

18791 River Estates Lane

(Principal office address MUST BE A STREET ADDRESS)

Alva, FL 33920

Enter new mailing address, if applicable:

18791 River Estates Lane

(Mailing address MAY BE A POST OFFICE BOX)

Alva, FL 33920

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:

Annette Van Vliet

New Registered Office Address:

18791 River Estates Lane

Enter Florida street address

Alva

City

, Florida 33920

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.

Annette Van Vliet
If Changing Registered Agent, Signature of New Registered Agent

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

MGR = Manager
AMBR = Authorized Member

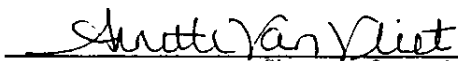
<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGR	Annette Van Vliet	18791 River Estates Lane	<input checked="" type="checkbox"/> Add
		Alva, FL 33920	<input type="checkbox"/> Remove
MGR	Annette M Richardson	16150 Bay Pointe Blvd.#301B	<input type="checkbox"/> Add
		N. Fort Myers, FL 33917	<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.)*

E. Effective date, if other than the date of filing: _____ **(optional)**

(The effective date must be specific, cannot be prior to date of receipt or filed date and cannot be more than 90 days after the date this document is filed by the Florida Department of State)

Dated June 10th, 2014



Signature of a member or authorized representative of a member

Annette Van Vliet

Typed or printed name of signee