

L10000079593

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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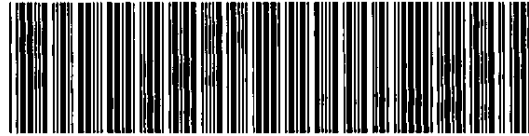
(Business Entity Name)

(Document Number)

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10 AUG 16 AM 11:31

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

N. O'Brien AUG 12

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: RESW FLORIDA 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:

RESW FLORIDA LLC

Name of Person

RESW FLORIDA LLC

Firm/Company

10491 SIX MILE CYPRESS UNIT 200

Address

FORT MYERS FLORIDA 33912

City/State and Zip Code

MAGCORPBX@GMAIL.COM

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

For further information concerning this matter, please call:

JACLYN N WILLOWS

Name of Person

at (239)

489-2900

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



FLORIDA DEPARTMENT OF STATE
Division of Corporations

August 9, 2010

RESW FLORIDA LLC
10491 SIX MILE CYPRESS
UNIT 200
FORT MYERS, FL 33912

SUBJECT: RESW FLORIDA LLC
Ref. Number: L10000079593

We have received your document for RESW FLORIDA LLC and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

A business entity may not serve as its own manager or managing member. Please designate an individual or another business entity as your manager(s) or managing member(s).

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) 245-6067.

Neysa Culligan
Regulatory Specialist II

Letter Number: 910A00019057

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

RESW FLORIDA LLC

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

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10 AUG 16 AM 11:31
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

The Articles of Organization for this Limited Liability Company were filed on 07/26/2010 and assigned Florida document number L10000079593.

This amendment is submitted to amend the following:

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

RESW FLORIDA 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:

(Principal office address MUST BE A STREET ADDRESS)

10491 SIX MILE CYPRESS UNIT 200

FORT MYERS FLORIDA 33912

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

10491 SIX MILE CYPRESS UNIT 200

FORT MYERS FLORIDA 33912

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:

JACLYN N WILLOWS

New Registered Office Address:

10491 SIX MILE CYPRESS UNIT 200

Enter Florida street address

FORT MYERS

Florida

33912

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.

Jaclyn Willows
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	Jaclyn N. Willows	10491 SIX MILE CYPRESS UNIT 200 FORT MYERS FLORIDA 33912	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
MGR	JEAN-PHILPPE GOSSELU	10491 SIX MILE CYPRESS UNIT 200 FORT MYERS FLORIDA 33912	<input checked="" 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.)

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10 AUG 16 AM 11:31
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Dated _____, _____

Signature of a member or authorized representative of a member
JACLYN N WILLIOWS

Typed or printed name of signee