

L10000082076

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

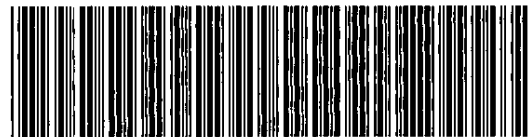
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



800184194428

800184194428
08/16/10--01052--019 **60.00

2010 AUG 16 PM 3:03
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FILED

C. LEWIS
AUG 17 2010
EXAMINER

COVER LETTER

TO: **Registration Section**
Division of Corporations

SUBJECT: Southern Sisters 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:

Ms. Geraldine Shelton

Name of Person

Cleanse Right

Firm/Company

1340 SW Avenue C place

Address

Belle Glade, Fl 33430

City/State and Zip Code

gerrishelton@yahoo.com

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

For further information concerning this matter, please call:

Ms. Geraldine Shelton

Name of Person

at (561)

983-1308

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**

Southern Sisters LLC

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

FILED
2010 AUG 16 PM 3:00

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

The Articles of Organization for this Limited Liability Company were filed on August 4, 2010 and assigned
Florida document number L10000082076.

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)

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:

Name of New Registered Agent:

New Registered Office Address:

Enter Florida street address

Florida

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>
MGRM	Condredge Calhoun	615 SE 25th Street Gainesville, FL 32641	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
MGRM	Eric A. Fail	225 W. 17th Street APOPKA, FL 32702	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
MGRM	MRS. Jamila Smith Calhoun	615 SE 25th Street Gainesville, FL 32641	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
MGRM	Ms. Juvani J. Smith	2626 SE University Ave. Gainesville, FL 32641	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
MGRM	MS. Robin M. Fail	114 SE 26 Terrace Gainesville, FL 32641	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
MGRM	Monique Always Succeed	114 SE 26th Terrace Gainesville, FL 32641	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove

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

Dated August 9, 2010

Geraldine Shelton

Signature of a member or authorized representative of a member

Geraldine Shelton

Typed or printed name of signee

Page 2 of 2

Filing Fee: \$25.00

2010 AUG 16 PM 3:05
SECRETARY OF STATE
TAMM AHSSEB, FLORIDA

FILED