

L10000083941

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(Address)

(Address)

(City/State/Zip/Phone #)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

C. LEWIS

SEP 1 2010

EXAMINER

**TO: Registration Section
Division of Corporations**

Please return all correspondence concerning this matter to the following:

Name of Person

CORPORATION SERVICE COMPANY

Firm/Company

1201 HAYS STREET

Address

TALLAHASSEE FL 32301 US

City/State and Zip Code

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

For further information concerning this matter, please call:

Thomas Andrew Stilwell

Name of Person

at (248)

Area Code & Daytime Telephone Number

8726322

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**

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FLOORDA, LLC

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

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

The Articles of Organization for this Limited Liability Company were filed on 08/10/2010 and assigned Florida document number L10000083941.

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)

Timothy G Stilwell

5900 Bonita Beach Rd Unit 1301

Bonita Springs, FL 34134

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

Timothy G Stilwell

5900 Bonita Beach Rd Unit 1301

Bonita Springs, FL 34134

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 | Thomas Andrew Stilwell | Thomas Andrew Stilwell 304 Pio Oak Ln Apt 104 East Lansing, MI 48823 | <input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove |
| MGRM | STILWELL, TIMOTHY G | STILWELL, TIMOTHY G 3525 E. COMMERCE RD COMMERCE TWP, MI 48382 | <input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove |
| MGRM | Timothy G Stilwell | Timothy G Stilwell 5900 Bonita Beach Rd Unit 1301 Bonita Springs, FL 34134 | <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 |

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

Employer Identification Number: 27-3279770

Dated August 27, 2010

Signature of a member or authorized representative of a member

Thomas Andrew Stilwell

Typed or printed name of signee

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TALLAHASSEE, FLORIDA