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2011 MAR 14 PM 2:30

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

J. SAULSBERRY
EXAMINER

MAR 16 2011

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: Six Degrees Locator Services, 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:

Tim Mc Donald
Name of Person

Six Degrees Locator Services, LLC
Firm/Company

1637 Pinyon Pine Dr.
Address

Sarasota, FL 34240
City/State and Zip Code

tmack500@gmail.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Tim Mc Donald at (941) 275-0655
Name of Person Area Code & Daytime Telephone Number

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TALLAHASSEE, FLORIDA

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**

Six Degree Services, 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 September 22nd 2010 and assigned Florida document number L10000099130.

This amendment is submitted to amend the following:

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

Six Degrees Locator Services, 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)

Tim McDonald

1637 Pinyon Pine Dr
Sarasota, FL

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

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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:

Tim McDonald

New Registered Office Address:

1637 Pinyon Pine Dr

Enter Florida street address

Sarasota

City

Florida

34240

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.

Tim McDonald

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	John W Hopper	1673 Pinyon Pine Drive Sarasota, FL 34240 US	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
MGRM	Timothy Mc Donald	1673 Pinyon Pine Drive Sarasota, FL 34240	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
MGR	Tim Mc Donald	1637 Pinyon Pine Dr. Sarasota, FL 34240	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
MGRM	Dimitrios Contis	1673 Pinyon Pine Dr. Sarasota, FL 34240	<input type="checkbox"/> Add <input checked="" 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 notice the street # change
from 1673 Pinyon Pine Dr to
1637 Pinyon Pine Dr. Tim Mc Donald
should be the only name that appears.

Dated 2-24-11, 2011.

Tim Mc Donald

Signature of a member or authorized representative of a member

Tim Mc Donald

Typed or printed name of signee

2011 MAR 14 PM 2:30
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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