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B. BOSTICK

FEB 1 1 2014

EXAMINER

COVER LETTER

TO:	Registration Se Division of Cor				
arm r	7.0T	SHARKYS V	AC-N-SEW, LLC	•	
SUBJE	sc1:		ed Liability Company		
The en	closed Articles of	Amendment and fee(s) are subn	nitted for filing.		
Please	return all correspo	ndence concerning this matter to	o the following:		
		JAME	S A. LAWSON		
			Name of Person		
		SHARKY	'S VAC-N-SEW,	LLC	
		*** <u>**********************************</u>	Firm/Company		
		700 NO	RTH MAIN STR	EET	
			Address		
		WILD\	NOOD, FL 3478	5	
		LIICIKAI	City/State and Zip Code E1976@GMAIL.COM		FEB 10
			o be used for future annual report notific	cation)	
For fur	ther information c	oncerning this matter, please ca	II;		
	CINDY D	AVES	_{at} 352 748-0	074	TOME THE
	Name o	f Person	Area Code Daytime	Telephone Number	
Enclos	ed is a check for the	ne following amount:			
■ \$2	5,00 Filing Fee	S30.00 Filing Fee & Certificate of Status	S55.00 Filing Fee & Certified Copy (additional copy is enclosed)	Certified	te of Status &

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

	S VAC-N-SEW, LLO		
(Name of the Limited Liabili (A Florida	ty Company as it now appear a Limited Liability Company)	s on our records.)	
The Articles of Organization for this Limited Liability C	Company were filed on	09/23/2010	and assigned
Torida document ridinoci	•		
This amendment is submitted to amend the following:			
A. If amending name, <u>enter the new name of the lim</u>	ited liability company he	<u>re</u> :	
The new name must be distinguishable and end with the words "Lin	mited Liability Company "the	legionation "LLC" or the shi	previation "LLC"
<u>-</u>	miles Classify Company, the C	resignation LLC of the abi	dieviation L.L.C.
Enter new principal offices address, if applicable:			
<u>Principal office address MUST BE A STREET ADD</u>	RESS)		
		. 2	
Enter new mailing address, if applicable:			F3 * 3
Mailing address MAY BE A POST OFFICE BOX)			$\overline{\Box}$
		(1 <u>-</u>	518
	-	110) 110)	=
B. If amending the registered agent and/or regis registered agent and/or the new registered office add		our records, enter t	he mame of the
Tables va made made the new registered office and			
Name of New Registered Agent:	· ·		
New Registered Office Address:			
	Enter Flor	ida street address	
		, Florida	
· · · · · · · · · · · · · · · · · · ·	Citv		Zip Code

ivew Registered Agent's Signature, it changing Registered Agent:

Thereby 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.

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 **Title** Address **Type of Action** Name **REX LUSK** 5122 NEPTUNE CIR **MGRM** ☐ Add OXFORD, FL 34484 ■ Remove **ANA LAWSON** 700 NORTH MAIN ST AMBR WILDWOOD, FL 34785 □ Add 🚾 🗖 Remové 🚨 Add ☐ Remove □ Add ☐ Remove ☐ Remove

<u></u>	
	<u> </u>
ective (date, if other than the date of filing: (optional)
	date, if other than the date of filing: (optional) e date must be specific, cannot be prior to date of receipt or filed date and cannot be more than 90 days after s document is filed by the Florida Department of State)
date this	s document is filed by the Florida Department of State) FEBRUARY 6 2014
	s document is filed by the Florida Department of State)

Page 3 of 3

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Filing Fee: \$25.00