

L10000100837

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

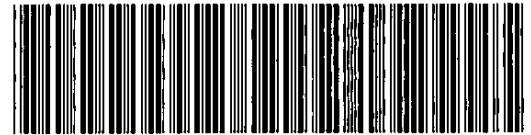
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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2011 DEC -6 AM 9:56

FILED

C. LEWIS

Dec 7, 2011

EXAMINER



FLORIDA DEPARTMENT OF STATE
Division of Corporations

November 23, 2011

MARSHA LYNN O'MEARA
AT YOUR SERVICE ESTATE SALES, LLC
1118 LONGWOOD OAKS BLVD.
LAKELAND, FL 33811

SUBJECT: AT YOUR SERVICE ESTATE SALES, LLC
Ref. Number: L10000100837

We have received your document for AT YOUR SERVICE ESTATE SALES, LLC and check(s) totaling \$52.50 of which \$52.50 has been designated to file this document. However, the enclosed document has not been filed and is being returned to you for the following reason(s):

There is an additional amount of \$7.50 due. Refer to the attached fee schedule for a breakdown of the fees. Please return a copy of this letter to ensure your money is properly credited.

We are enclosing the proper form(s) with instructions for your convenience.

If you have any further questions concerning your document, please call (850) 245-6047.

Carolyn Lewis
Regulatory Specialist II
Registration/Qualification Section

Letter Number: 911A00026490

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: At Your Service Estate Sales 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:

Maisha Lynn O'meara
Name of Person

At Your Service Estate Sales LLC
Firm/Company

1118 Longwood Oaks Blvd
Address

Lakeland, FL 33811
City/State and Zip Code

~~LYNN O'MEARA~~
E-mail address: (to be used for future annual report notification)

LYNN 51650 @earthlink.net

For further information concerning this matter, please call:

Lynn O'meara
Name of Person

at 863, 937-3410
Area Code & Daytime Telephone Number

✓ balance due \$2.50

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

At Your Service Estate Sales LLC
(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

FILE
2011 DEC -6 A.
SECRETARY OF
TALLAHASSEE, FL

The Articles of Organization for this Limited Liability Company were filed on Sept. 28, 2010 and assigned
Florida document number L40000100837

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>
member/	BJ Bivak	6464 Sandpipers Dr.	<input type="checkbox"/> Add
manager		Villa 5	<input checked="" type="checkbox"/> Remove
		Calcland, Fl. 33809	
			<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.)

Dated _____

Marsha Lynn Omeala
 Signature of a member or authorized representative of a member

Marsha Lynn Omeala
 Typed or printed name of signee

SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

2011 DEC -6 AM 9:56

FILED