# L10000167013

`
(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



500240566945

10/12/12--01002--018 \*\*25.00

12 OCT 18 PHI2: 17

OCT 1 9 2012 T. HAMPTON

#### **COVER LETTER**

TO: Registration S  Division of Co		4.					
SUBJECT:	Me	eeka,LLC					
Name of Limited Liability Company							
The enclosed Articles of	Amendment and fee(s) are sub	omitted for filing.					
Please return all correspondent	ondence concerning this matter	to the following:					
	Meeka Cook						
	Name of Person						
	Meeka,LLC Firm/Company						
		rinu/company					
		PO Box 840055					
		Address					
	St	. Augustine, FL 32080					
		City/State and Zip Code	<del></del>				
	E mail address: (	ekatrading@yahoo.com to be used for future annual report notifica	tion				
			nion)				
For further information of	concerning this matter, please of	call:					
Meeka Cook		at (_954_)8	17-3269				
Name o	of Person	at ( <u>954</u> ) <u>8</u> Area Code & Daytime T	Celephone Number				
Enclosed is a check for t	he following amount:						
\$25.00 Filing Fee	S30.00 Filing Fee & Certificate of Status	S55.00 Filing Fee & Certified Copy (additional copy is enclosed)	S60.00 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



#### RECEIVED

12 OCT 18 PM 4:00

SECRETARY OF STATE TALLAHASSEE, FLORIDA

October 15, 2012

MEEKA COOK P O BOX 840055 ST AUGUSTINE, FL 32080

SUBJECT: MEEKA, LLC Ref. Number: L10000107013

We have received your document for MEEKA, LLC and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Section 608.407, Florida Statutes, requires the document(s) to be signed by a member or by the authorized representative of a member.

Please return the corrected original and one copy of your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Tammy Hampton
Regulatory Specialist II
Registration/Qualification Section

Letter Number: 112A00025386

#### ARTICLES OF AMENDMENT

### TO

## ARTICLES OF ORGANIZATION ASIEN OF CORPORATIONS

12 OCT 18 PM12: 18

	Meeka	a,LLC			
(Name of the Limited (A	Liability Compa Florida Limited L	ny as it now appears of liability Company)	n our records.)		
·		į			
The Articles of Organization for this Limited Li		were filed on	10-13-2010	and assigned	
Florida document numberL10000107	013				
This amendment is submitted to amend the follo	wing:				
A. If amending name, enter the new name of	the limited liab	ility company here:			
The new name must be distinguishable and end with "L.L.C."	the words "Limi	ted Liability Company,	" the designation "L	LC" or the abbreviation	
Enter new principal offices address, if applica	916 Windward Way				
(Principal office address MUST BE A STREE	(ADDRESS)	Saint Augustine, Florida 32080			
			·	·	
Enter new mailing address, if applicable:		,			
(Mailing address MAY BE A POST OFFICE BOX)					
	<del></del>				
B. If amending the registered agent and/o registered agent and/or the new registered off			records, enter t	he name of the new	
Name of New Registered Agent:	Meeka Cook				
New Registered Office Address:	916 Windwa	<del>`</del>			
		Enter	Florida street addi	ress	
	Sair	nt Augustine	, Florida	32080	
•		City		Zip Code	
New Registered Agent's Signature, if changing R	egistered 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 amendio or Managi	g the Managers or l ng Member being ad	Managing Member ided or removed fro	s on our records, <u>enter</u> <u>om our records</u> :	<u>he title, name, and addres</u>	s of each Managei
MGR = M				•	
<u>Title</u>	<u>Name</u>		Address		Type of Action
					Add Remove
	,				Add
					Remove
					Add
					Remove
					Add
<del> </del>					Remove
					□Add
-		_	<u> </u>		Remove
<del></del>					Add
					Remove
D. If ame	ading any other info	rmation, enter char	ige(s) here: (Attach ad lit	ional sheets, if necessary.)	
-				*	12 12
_					\$508E 12 00T
				,	S PHI2: 18
Dated		1			- : 18 : 18
		Mus	n Alla	el,	
		Signature of a member		re of a member	
		Type	or printed name of Gio		

Page 2 of 2

Filing Fee: \$25.00