

Jul. 28. 2014

2:21 PM

Rec

By

Swan

Tierney

Barry, P.L.

File

No

PeP.

151

L10000108451

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

((H14000178064 3)))



H140001780643ABC+

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations
Fax Number : (850)617-6383

From:

Account Name : ROSSWAY SWAN TIERNEY BARRY, P.L.
Account Number : I20050000159
Phone : (772)564-7844
Fax Number : (772)564-7845

****Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.****

Email Address: Kbarry@verobeachlawyers.com

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN
EXPERICS, LLC

Certificate of Status	0
Certified Copy	0
Page Count	04
Estimated Charge	\$25.00

RECEIVED

14 JUL 28 AM 6:59

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

14 JUL 28 AM 7:46

FILED

Electronic Filing Menu

Corporate Filing Menu

Help

COVER LETTER

(((H14000178064 3)))

TO: Registration Section
Division of Corporations

SUBJECT: **EXPERICS, 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:

Kevin M. Barry, Esq.

Name of Person

Rossway Swan Tierney Barry, P.L.

Firm/Company

2101 Indian River Blvd., Suite 200

Address

Vero Beach, FL 32960

City/State and Zip Code

kbarry@verobeachlawyers.com

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

For further information concerning this matter, please call:

Kevin M. Barry, Esq.

Name of Person

at (**772**) **231-4440**

Area Code

Daytime Telephone Number

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

(((H14000178064 3)))

Jul 28, 2014 10:21AM

Rossway Swan Tierney Barry, P.L.

No. 1389 P. 3/5

**ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION (((H14000178064 3)))
OF**

EXPERICS, 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 10/18/2010

Florida document number L10000108451

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 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

Page 1 of 3

(((H14000178064 3)))

Jul. 28. 2014 10:22AM Rossway Swan Tierney Barry, P. L.

No. 1389 P. 4/5

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:

((H14000178064 3)))

MGR = Manager

AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
AMBR	David E. Sommerfeld	292 Old Dixie Highway	<input type="checkbox"/> Add
		Vero Beach, FL 32962	<input checked="" type="checkbox"/> Remove
AMBR	David E. Sommerfeld, TTEE David E. Sommerfeld Rescuable Trust	292 Old Dixie Highway	<input checked="" type="checkbox"/> Add
		Vero Beach, FL 32962	<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
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove

14 JUL 28 AM 7:46
RECEIVED
TALLAHASSEE FLORIDA
SECRETARY OF STATE

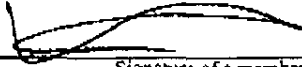
D. If amending any other information, enter change(s) here: *(Attach additional sheets, if necessary.)*

(((H14000178064 3)))

E. Effective date, if other than the date of filing: _____ **(optional)**

(The effective date must be specific, cannot be prior to date of receipt or filed date and cannot be more than 90 days after the date this document is filed by the Florida Department of State)

Dated May 13, 2014



Signature of a member or authorized representative of a member

David E. Sommerfeld

Typed or printed name of signee

Page 3 of 3

Filing Fee: \$25.00

FILED
14 JUL 28 AM 7:46
SECRETARY OF STATE
TALLAHASSEE FLORIDA

(((H14000178064 3)))