

LI 0000113879

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

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11/16/10--01015--027 **20.00

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2010 DEC 13 PM 4:16
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

T. CLINE

DEC 14 2010

EXAMINER



FLORIDA DEPARTMENT OF STATE
Division of Corporations

November 17, 2010

LEARTIS FULLER JR.
13194 US HWY 301 S. SUITE 143
RIVERVIEW, FL 33578

SUBJECT: FULLEST EXTENT MEDIA, LLC
Ref. Number: L10000113879

We have received your document for FULLEST EXTENT MEDIA, LLC and check(s) totaling \$20.00. However, the document has not been filed and is being retained in this office for the following reason(s):

There is a balance due of \$5.00. Refer to the attached fee schedule for the breakdown of fees. Please return a copy of this letter to ensure your money is properly credited.

Please return 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) 245-6020.

Tammi Cline
Regulatory Specialist II

Letter Number: 810A00026947

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TALLAHASSEE, FL 32314

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COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: Fullest Extent Media, 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:

Leartis Fuller Jr

Name of Person

Fullest Extent Media, LLC

Firm/Company

13194 US HWY 301 S. Suite 143

Address

Riverview, FL 33578

City/State and Zip Code

LFULLER02@gmail.com

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

For further information concerning this matter, please call:

Leartis Fuller Jr

Name of Person

at (813)

442-4609

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

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TALLAHASSEE, FL 32301

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**ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF**

Fullest Extent Media, 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 November 2, 2010 and assigned Florida document number L10000113879.

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)

13194 US HWY 301 S. Suite 143

Riverview, FL 33578

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

13194 US HWY 301 S. Suite 143

Riverview, FL 33578

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:

Learis Fuller Jr.

New Registered Office Address:

13194 US HWY 301 S. Suite 143

Enter Florida street address

Riverview, FL

City

, Florida

33578

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>
MGRM	Racquel K. Fuller	10307 Avelar Ridge Dr Riverview, FL 33578	<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
			<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 November 12, 2010

Leartis Fuller Jr
Signature of a member or authorized representative of a member

Leartis Fuller Jr
Typed or printed name of signee