(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(During Fulls News)
(Business Entity Name)
(Document Number)
•
Certified Copies Certificates of Status
Special Instructions to Filing Officer:
·
·

Office Use Only

G. MCLEOD

SEP 25 2012

EXAMINER



300239882043

09/24/12: -61032 -- 069 | **25.00

Sandra L Porter

20791 Three Oaks Pkwy #445, Estero, FL 33929 • sandy@sl-porter.com • 239-628-9394

September 21, 2012

Florida Department of State Division of Corporations Registration Section P.O. Box 6327 Tallahassee, FL 32314

To Whom It May Concern:

Please find my enclosed request to amend the articles of organization for Sandra L Porter LLC and the filing fee of \$25.

As requested, my return address is 20791 Three Oaks Pkwy #445, Estero, FL 33929 and my daytime phone number is 239-628-9394.

Please do not hesitate to contact me if there are any questions or concerns.

Thank you,

Sandra L. Porter

COVER LETTER

TO: Registration Division of C			
SUBJECT:	Sandra	a L Porter LLC	
	Name of Lim	ited Liability Company	
The enclosed Articles	of Amendment and fee(s) are sul	bmitted for filing.	
Please return all corres	spondence concerning this matter	r to the following:	
		Sandra L Porter	
		Name of Person	
2079		Firm/Company	
		1 Three Oaks Pkwy #445	
		Address	"
		Estero, FL 33929	
		City/State and Zip Code	
	E-mail address:	sandy@sl-porter.com (to be used for future annual report notifica	ation)
For further information	n concerning this matter, please	•	,
S	Sandra L Porter	at (239 ₁) 6	28-9394
Name of Person		Area Code & Daytime	Felephone Number
Enclosed is a check for	r 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

Sandra L F	Porter LLC	
(Name of the Limited Liability Compa (A Florida Limited I	ny as it now appears on our record Liability Company)	ds.)
`	• 1 •/	
The Articles of Organization for this Limited Liability Company	were filed on November 16	, 2010 and assigned
Florida document numberL10000119264		
This amendment is submitted to amend the following:		
This allendment is submitted to affected the following.		
A. If amending name, enter the new name of the limited liab	oility company here:	
The new name must be distinguishable and end with the words "Limi" L.L.C."	ited Liability Company," the designa	ation "LLC" or the abbreviation
r new principal offices address, if applicable: 19551 Bowring Park Rd #103		
(Principal office address MUST BE A STREET ADDRESS)	Fort Myers, FL 33967	A S 3
		CAR SE
		ASS 2
Enter new mailing address, if applicable:	20791 Three Oaks Pkwy	#445 m = 1
(Mailing address MAY BE A POST OFFICE BOX)	Estero, FL 33929	TO W
		<u> </u>
		9 →
B. If amending the registered agent and/or registered of	ffice address on our records, g	enter the name of the new
registered agent and/or the new registered office address her	r <u>e</u> :	
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida stre	eet address
	, Flori	
	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 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 = Mai MGRM = M	nager anaging Member		
<u>Title</u>	Name	Address	Type of Action
			Add Remove
			Add
			Add Remove
			Add
			Remove
			Add Remove
			Add Remove
D. If amend	ing any other information, enter change	e(s) here: (Attach additional sheets, if necessary.)	_
			_
Dated	, , , , , , , , , , , , , , , , , , ,	 U Q	_
		or authorized representative of a member	
		andra L Porter	

Page 2 of 2

Filing Fee: \$25.00