

LI000006060

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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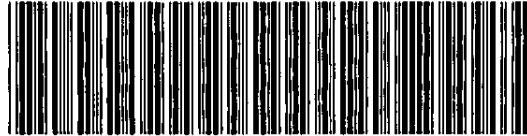
(Business Entity Name)

(Document Number)

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TALLAHASSEE, FLORIDA
15 MAR 14 PM 4:23

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TALLAHASSEE, FLORIDA
2016 MAR 14 AM 7:58

MAR 15 2016

S. YOUNG

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: Longbeard Life 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:

Travis Parker

Name of Person

Firm/Company

16196 SW 15th Ave

Address

Newberry, FL 32669

City/State and Zip Code

travisparker@yahoo.com

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

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TALLAHASSEE
15 MAR 14 PM 3:29

For further information concerning this matter, please call:

Travis Parker

352 339-5957
at ()

Name of Person

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

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

Longbeard Life 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 01/14/2011 and assigned
Florida document number L11000006060.

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 contain 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)

16196 SW 15th Ave

Newberry, FL 32669

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

16196 SW 15th Ave

Newberry, FL 32669

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PM 1:29

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:

InCorp Services, Inc.

New Registered Office Address:

17888 67th Court North

Enter Florida street address

Loxahatchee

City

Florida 33470

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.



Jackie DeFilippis on behalf of InCorp Services, Inc

If Changing Registered Agent, Signature of New Registered Agent

If amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added or removed from our records:

MGR = Manager

AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGR	Travis Parker	16198 SW 15th Ave	<input checked="" type="checkbox"/> Add
		Newberry, FL 32669	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	Chad Parker	16300 SW 15th Ave	<input checked="" type="checkbox"/> Add
		Newberry, FL 32669	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	Devin Keene	26815 NW 98th St	<input checked="" type="checkbox"/> Add
		Alachua, FL 32815	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGRM	Letcher Worley III	195 Floradandy Rd	<input type="checkbox"/> Add
	<i>Letcher Worley III</i>	Hawthorne, FL 32640	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGRM	Rachel Worley	195 Floradandy Rd	<input type="checkbox"/> Add
	<i>Rachel Worley</i>	Hawthorne, FL 32640	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

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

Longbeard Life was sold by Letcher and Rachel Worley 2/17/16.

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

(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of:
(b) The 90th day after the record is filed.

Dated

2/17/16

Felton Z. Mullis

Signature of a member or authorized representative of a member

Rachel Worley

Typed or printed name of signee