

L110000069748

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

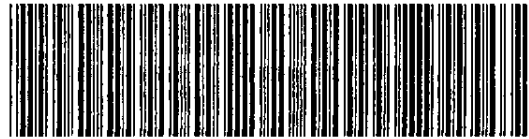
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Office Use Only



800194733498

02/18/11--01007--024 \*\*50.00

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
11 FEB 18 AM 11:32

T. HAMPTON

FEB 21 2011

EXAMINER

## COVER LETTER

**TO: Registration Section  
Division of Corporations**

**SUBJECT: OWNACONDO(FLORIDA).COM, 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:

**Matt E. Bales, Jr., Esq.**

Name of Person

**Bales & Bales, P.A.**

Firm/Company

**4000 Ponce de Leon Blvd., Suite 470**

Address

**Coral Gables, FL 33146**

City/State and Zip Code

**mbales@balesfirm.com**

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

For further information concerning this matter, please call:

**Matt E. Bales, Jr., Esq.**

Name of Person

at ( **305** )

**777-0411**

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



Attorneys and Counselors at Law

**BALES & BALES, P.A.**

4000 Ponce de Leon Blvd., Suite 470

Coral Gables, Florida 33146

Tel: (305) 777-0411

Fax: (305) 675-3977

[www.balesfirm.com](http://www.balesfirm.com)

February 16, 2011

**VIA US MAIL**

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

**Re: OwnACondo.com, LLC (Application by Foreign Limited Liability Company  
for Withdrawal of Authority to Transact Business in Florida) & OwnACondo(Florida).com,  
LLC (Articles of Amendment to Articles of Organization)**

To Whom It May Concern:

I am legal counsel to both (i) OwnACondo.com, LLC, an Illinois limited liability company which currently is registered to transact business in Florida, and (ii) OwnACondo(Florida).com, LLC, a Florida limited liability company. My client wishes to withdraw the authority to transact business in Florida for OwnACondo.com, LLC, and subsequently change the name of OwnACondo(Florida).com, LLC to OwnACondo.com, LLC.

In connection therewith, I am submitting for filing the enclosed (i) Application by Foreign Limited Liability Company for Withdrawal of Authority to Transact Business in Florida, (ii) Articles of Amendment to Articles of Organization, and (iii) a check in the amount of \$50.00 made payable to Florida Department of State to cover the two filing fees of \$25.00 each.

Should you have any questions or concerns, please do not hesitate to contact me.

Best regards,

A handwritten signature in black ink, appearing to read "Matt Bales".

Matt E. Bales, Jr., Esq

Enclosures

ARTICLES OF AMENDMENT  
TO  
ARTICLES OF ORGANIZATION  
OF

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
11 FEB 18 AM 11:33

OWNACONDO(FLORIDA).COM, 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 January 24, 2011 and assigned  
Florida document number L11000009748.

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

OWNACONDO.COM, LLC

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*

City, Florida

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>
			<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 February 16 2011

*Matt Bales*

Signature of a member or authorized representative of a member

Matt E. Bales, Jr., Esq.

Typed or printed name of signee

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
11 FEB 18 AM 11:32