

L4000010709

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

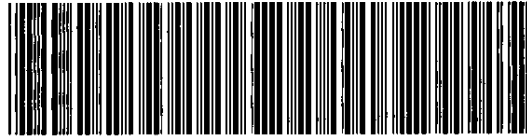
(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

A. LUNT
OCT 11 2011
EXAMINER

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FILED
2011 OCT 10 PM 4: 44
SECRETARY OF STATE
TALLAHASSEE, FLORIDA



FLORIDA DEPARTMENT OF STATE
Division of Corporations

September 27, 2011

AMBER KELLY
429 NW 3RD ST.
GAINESVILLE, FL 32601

SUBJECT: AN INWARD JOURNEY, LLC
Ref. Number: L11000010709

We have received your document for AN INWARD JOURNEY, LLC and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Section 608.407, Florida Statutes, requires the document(s) to be signed by a member or by the authorized representative of a member.

The registered agent must sign accepting the designation.

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) 245-6094.

Agnes Lunt
Regulatory Specialist II

Letter Number: 011A00022084

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: An Inward Journey, 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:

Amber Kelly

Name of Person

An Inward Journey, LLC

Firm/Company

429 NW 3rd St

Address

Gainesville, FL 32601

City/State and Zip Code

akellylcs@gmail.com

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

For further information concerning this matter, please call:

Amber Kelly

Name of Person

at (352) 219-5723

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, FLORIDA

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

An Inward Journey, 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 1/23/11 and assigned
Florida document number L11000010709.

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)

429 NW 3rd St

Gainesville, FL 32601

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

429 NW 3rd St

Gainesville, FL 32601

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TALLAHASSEE, FLORIDA

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:

Amber Kelly

New Registered Office Address:

429 NW 3rd St

Enter Florida street address

Gainesville

Florida

32601

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 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>
MGR	Evan Hawes	P O BOX 207 GAINESVILLE FL 32602	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
MGR	Neil Lorenzini	429 NW 3rd St Gainesville, FL 32601	<input checked="" 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 September 17, 2011

Amber Kelly
Signature of a member or authorized representative of a member

Amber Kelly

Typed or printed name of signee

2011 OCT 10 PM 4:04
FILED
CLERK OF DISTRICT COURT
TALLAHASSEE, FLORIDA