# 1100003658

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T. HANIPTON MAY - 5 2011 EXAMINER

# **COVER LETTER**

Division of Corporations
SUBJECT: JE Pussell, Do REE LLCC 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:
John Russell Name of Person
Firm/Company
Po Box 10184  Address  Brooks ville, FC 341/3 34603  City/State and Zip Code  Olympic experts Grail.com  Historial address: (to be used for future annual report notification)
Brooks wille, FC 341/3 34603 City/State and Zip Orde
Olympic experte 6 mail. (su TE-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Tohn Russell at (352) 596-0977 Name of Person Area Code & Daytime Telephone Number
Enclosed is a check for the following amount:
\$25.00 Filing Fee \$\ \text{Certificate of Status} \text{S55.00 Filing Fee & S55.00 Filing Fee & S60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed) \text{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



#### FLORIDA DEPARTMENT OF STATE Division of Corporations

RECEIVED

11 APR 21 PM 4:00

SECRETARY OF STATE TALLAHASSEE, FLORIDA

April 6, 2011

JOHN RUSSELL P O BOX 10184 BROOKSVILLE, FL 34113

SUBJECT: J E RUSSELL, D.O, RPE LLC

Ref. Number: L11000023658

We have received your document for J E RUSSELL, D.O, RPE LLC and your check(s) totaling \$. 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.

Please return the corrected original and one copy of 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) 245-6855.

Tammy Hampton
Regulatory Specialist II
Registration/Qualification Section

Letter Number: 311A00008295



## FLORIDA DEPARTMENT OF STATE Division of Corporations

RECEIVED

11 MAY -4 PM 4:00

SECRETARY OF STATE TALLAHASSEE, FLORIDA

April 25, 2011

JOHN RUSSELL P O BOX 10184 BROOKSVILLE, FL 34603

SUBJECT: J E RUSSELL, D.O, RPE LLC

Ref. Number: L11000023658

We have received your document for J E RUSSELL, D.O, RPE 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):

The designation of the registered agent must be at a Florida street address.

You must insert the letters "MGRM" in the block above the name and address of each managing member and/or the letters "MGR" in the block above the name and address of each manager listed.

Please return the corrected original and one copy of 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) 245-6855.

Tammy Hampton
Regulatory Specialist II
Registration/Qualification Section

Letter Number: 511A00009887

DO DOV 6297 Tollahagga Florida 22214

### ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

SECRETARY OF STATE DIVISION OF CORPORATIONS

Name of the Limited I	Jability Company Torida Limited Liab	PE LLC as it now appears on oility Company)	our records.)		
The Articles of Organization for this Limited Lia Florida document number $\frac{2/18/2 \cdot 11}{2}$	bility Company w	ere filed on $2/z$	x/20//	and assigned	
This amendment is submitted to amend the follow	wing:				
A. If amending name, enter the new name of the second of t		<del>-</del>	the designation	"LLC" or the abbreviation	'n
"L.L.C."  Enter new principal offices address, if applical				IA WAY	
(Principal office address MUST BE A STREET  Enter new mailing address, if applicable:	-	BROOKSVILL	e, FC : E/ 3 10184	34613	
(Mailing address MAY BE A POST OFFICE B	<u>OX)</u>	Problesuille BROOKSVIL	FC 34	#3 34603 346 <b>1</b> 3	
B. If amending the registered agent and/or registered agent and/or the new registered office.		e address on our r	ecords, <u>enter</u>	the name of the nev	<u>v</u>
Name of New Registered Agent:	NORMA	D. AUSS	ELC		
New Registered Office Address:	Pro- Be	<b>4 - 10184</b> Enter Fl	8230 orida street ad	<u> Victoria</u> U	ppc
	BROOKS			346 <b>0</b> 3 340 Zip Code	ß

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.

Changing Registered Agent, Signature of New Registered Age

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 **Address Title** Name **Type of Action** myrm 8230 VICTORIA WAY
BROWGSVIHE, FLA 34613 JOHN RUSSELLIE BROOKSVIII-,

BROOKSVIII
BROOKSVIIIE FLA 34613 \_\_\_ Add Remove Add Remove □Add Remove ∏Add Remove D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

Typed or printed name of signee

Page 2 of 2

JOHN

Filing Fee: \$25.00