

L11000025420

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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(Business Entity Name)

(Document Number)

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17 OCT 31 PM 3:41
S. WARREN STATE
TALLAHASSEE, FLORIDA

2017 OCT 23 AM 8:19

TALLAHASSEE, FLORIDA

S. WARREN

NOV 02 2017



FLORIDA DEPARTMENT OF STATE
Division of Corporations

October 25, 2017

MARY ASHTON
605 CELEBRATION AVENUE
CELEBRATION, FL 34747

SUBJECT: INDULGENCES BY MARY ASHTON LLC
Ref. Number: L11000025420

We have received your document for INDULGENCES BY MARY ASHTON LLC and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The form you submitted is for a CORPORATION - INC, but your entity is a LIMITED LIABILITY COMPANY - LLC. Please complete and return the enclosed blank form(s).

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) 245-6051.

Stacey M Warren
Regulatory Specialist II

Letter Number: 217A00021571

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Indulgences by Mary Ashton
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:

Mary Ashton
Name of Person

Indulgence by Mary Ashton
Firm/Company

605 Celebration Ave
Address

Celebration FL - 34747
City/State and Zip Code

indulgencesbymary@gmail.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Mary Ashton at (321) 559-4144
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

2017 NOV -2 PM 2:43
FALL

33

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

Indulgences by Mary Ashton
(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 _____ and assigned
Florida document number 217A00021571

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: N/A

(Principal office address **MUST BE A STREET ADDRESS**)

Enter new mailing address, if applicable: N/A

(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:

Mary Ellen Ashton

New Registered Office Address:

605 Celebration Ave

Enter Florida street address

Celebration, Florida 34747
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 605, F.S. ☒ 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.

M. Ashton
If Changing Registered Agent, Signature of New Registered Agent

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CLERK OF CIRCUIT COURT
FLORIDA

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

N/A

E. Effective date, if other than the date of filing: 10/30/17 (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 October 30th 2017.

M. Ahlen
Signature of a member or authorized representative of a member

Mary Ellen Ahlen
Typed or printed name of signer

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17 OCT 31 PM 3:41
DEPARTMENT OF STATE
TALLAHASSEE, FLORIDA