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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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T. CLINE

JUN - 7 2011

EXAMINER

## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: Curtis HARRIS "L.L.C."  
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:

Curtis HARRIS  
Name of Person  
Curtis HARRIS "L.L.C."  
Firm/Company  
6727 S. Lois Ave. Apt # 10112  
Address  
Tampa FL 33616  
City/State and Zip Code  
Curdick G @ Yahoo. com  
E-mail address (to be used for future annual report notification)

For further information concerning this matter, please call:

Curtis HARRIS at (941) 356-3014  
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

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

2011 JUN -6 AM 10:51

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

Curtis HARRIS "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 03-02-2011 and assigned Florida document number L11000026096.

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)**

**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:

Steve Morris

New Registered Office Address:

6727 S. Lois Ave. Apt. 10112

Enter Florida street address

Tampa, Florida

City

33616

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.

Steve Morris  
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>  |
|--------------|---------------|---|--|
| MGRM         | Steve Morris  | 6727 S. Lois Ave.<br>Apt # 10112<br>Tampa FL 33616 US | <input type="checkbox"/> Add<br><input checked="" type="checkbox"/> Remove |
| MGRM         | Curtis HARRIS | 6727 S. Lois Ave.<br>Apt # 10112<br>Tampa FL 33616    | <input checked="" type="checkbox"/> Add<br><input type="checkbox"/> Remove |
|              |               |   | <input type="checkbox"/> Add<br><input type="checkbox"/> Remove            |
|              |               |   | <input type="checkbox"/> Add<br><input type="checkbox"/> Remove            |
|              |               |   | <input type="checkbox"/> Add<br><input type="checkbox"/> Remove            |
|              |               |   | <input type="checkbox"/> Add<br><input type="checkbox"/> Remove            |

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

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Dated \_\_\_\_\_

Curtis Harris  
 Signature of a member or authorized representative of a member

Curtis HARRIS  
 Typed or printed name of signee

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