

L110000034825

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

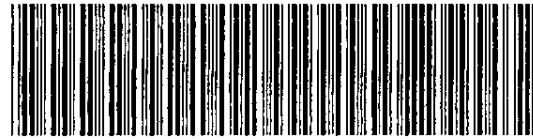
(Business Entry Name)

(Document Number)

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FILED
11 MAY 16 PM 3:00
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

D. BRUCE

MAY 17 2011

EXAMINER



FLORIDA DEPARTMENT OF STATE
Division of Corporations

May 5, 2011

MARIA B. BENOIT
2660 4TH AVE NE
NAPLES, FL 34120

SUBJECT: MEG PLAN B, LLC
Ref. Number: L11000034825

FILED
11 MAY 16 PM 3:00
TALLAHASSEE, FLORIDA

We have received your document for MEG PLAN B, 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 name designated in your document is unavailable since it is the same as, or it is not distinguishable from the name of an administratively dissolved/revoked entity. Names of administratively dissolved/revoked entities are not available for one year from the date of administrative dissolution/revocation unless the dissolved/revoked entity provides the Department of State with an affidavit or letter stating that they have no intention of reinstating, therefore, releasing the name for use to another entity.

Adding "of Florida" or "Florida" to the end of a name is not acceptable.

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) 245-6984.

Deborah Bruce
Regulatory Specialist II

Letter Number: 311A00011057

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: MEG Plan B 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:

Maria E Benoit

Name of Person

Firm/Company

2660 4th AVE NE

Address

Naples, FL 34120

City/State and Zip Code

naplesbookkeeper@gmail.com

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

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11 MAY 16 PM 3:00
CLERK OF STATE
TALLAHASSEE, FLORIDA

For further information concerning this matter, please call:

Maria E Benoit

Name of Person

at (**239**)

250-7773

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

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

MEG Plan B, 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 March 23, 2011 and assigned Florida document number L11000034825.

This amendment is submitted to amend the following:

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

Collier Bookkeeping Services, 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)

PO Box 7075

Naples, FL 34101

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11 MAY 16 PM 3:50
CLERK OF COURT
CLERK OF COURT
CLERK OF COURT

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:

Maria E Benoit

New Registered Office Address:

2660 4th AVE NE

Enter Florida street address

Naples

Florida

34120

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>
_____	_____	_____	<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 _____, _____.

FILED
 11 MAY 16 PM 3:00
 CLERK OF COURT
 ALACHUA COUNTY, FLORIDA

 Signature of a member or authorized representative of a member

Maria E. Benoit
 Typed or printed name of signee