

L11000074955

STEEME

(Requestor's Name)

209 Keston Drive

(Address)

Port St. Lucie FL 34953

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

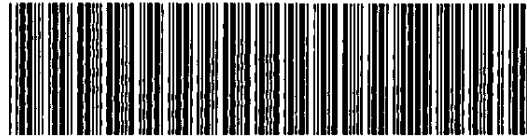
(Business Entity Name)

(Document Number)

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2011 AUG 26 AM 8:58
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

J. SAULSBERRY
EXAMINER

AUG 30 2011

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

FILED
2011 AUG 26 AM 8:58
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

(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 6/28/2011 and signed
Florida document number ~~6/28/2011~~ 611000074955

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)

209 Kestor drive
port st Lucie, FL 34953

Enter new mailing address, if applicable: _____

(Mailing address MAY BE A POST OFFICE BOX)

209 Kestor drive
port st Lucie, FL 34953

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: _____

Marion Slaughter

New Registered Office Address: _____

209 Kestor drive

Enter Florida street address

port st Lucie, Florida 34953
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.

Marion Slaughter
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 /MGRM	Janice Krabbe	999 NE Wright Ave Jensen Beach, FL 34957	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
MGR /MGRM	Marion Slaughter	209 Keston drive Port St Lucie, FL 34953	<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.)

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2011 AUG 26 AM 8:58

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Dated 8/8/11

Janice Krabbe / Marion Slaughter
Signature of a member or authorized representative of a member

Janice Krabbe / Marion Slaughter
Typed or printed name of signee