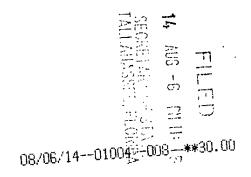
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(Re	equestor's Name)	
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SEGRETARY CONTRACT
SEGRETARY CON

AUG 2 7 2014 S. YOUNG

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FLORIDA DEPARTMENT OF STATE Division of Corporations

August 8, 2014

JILL ANN RAICHEL PO BOX 563 PORT RICHEY, FL 34673

SUBJECT: JILL A SMITH Ref. Number: W14000048661



We have received your document for JILL A SMITH and your check(s) totaling \$30.00. 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.

A business entity may not serve as its own registered agent. Please designate an individual or another business entity with an active registration or filing with this office, having a Florida street address identical with that of the registered office.

Section 605.0203(1)(b), Florida Statutes, requires the document(s) to be signed by one person acting as an authorized representative.

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.

Shelia H Young Regulatory Specialist II

Letter Number: 114A00017086

COVER LETTER

TO:	Registration Se Division of Cor			
SUBJ	ECT: <u>J/</u> 2	C ANNE RAI	CHELLLC	
		Name of Limit	ed Liability Company	
		Amendment and fee(s) are subm	-	
Please	return all correspo	ondence concerning this matter to	o the following:	
		JILL AM	Name of Person	
			Name of Person	TAL SEC
		JILL ANN	E RAICHEL LC	
		P . 1	_	
		P.O. BOX 56	Address	
				TO SAFE TO SAF
		PORT RICHE	Y FL 34673 City/State and Zip Code	, , , , , , , , , , , , , , , , , , ,
			O S YA HOD - LOW o be used for future annual report notifi	
		É-mail address: (to	be used for future annual report notifi	cation)
For fu	rther information c	concerning this matter, please ca	11:	
				2 _ 1 a · ····
	<u>رد A</u> می <u>رر</u> Name o	of Person	at (727) 2 47- 5 Area Code Daytime	Telephone Number
Enclos	sed is a check for the	he following amount:		
D \$2	5.00 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)
	MAIL	ING ADDRESS:	STREET/COURIE	ER ADDRESS:
	Registi	ration Section	Registration Section	1
		on of Corporations ox 6327	Division of Corpora Clifton Building	monz

2661 Executive Center Circle Tallahassee, FL 32301

P.O. Box 6327 Tallahassee, FL 32314

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

JILL A_	SMITTEL	LLC				
(Name of the Limiter	I Liability Com A Florida Limite	pany as it now ap d Liability Compa	opears on our rec my)	cords.)		
The Articles of Organization for this Limited Lia Florida document number 4 110 0010573	bility Compar		,		and a	ssigned
This amendment is submitted to amend the follow	wing:					
A. If amending name, enter the new name of the state of t			-			
The new name must be distinguishable and end with the w	ords "Limited L	iability Company,	" the designation	"LLC" or the a	bbreviation	"L.L.C."
Enter new principal offices address, if applica	ble:	<u> </u>				
(Principal office address MUST BE A STREET	ADDRESS)			=	-1,,,	·
						<u> </u>
Enter new mailing address, if applicable:						<u> </u>
(Mailing address MAY BE A POST OFFICE B	<u>(OX)</u>			: 	. i -	1:1
				·		14
D. Te amounting the mediated and/o		-CC ddmos		oudo onton	Sill 5	n of the now
B. If amending the registered agent and/o registered agent and/or the new registered offi			s on our reco	oras, <u>enter</u>	the nam	e or the new
						
Name of New Registered Agent:	Ju	ANIE	RAICH	(EL #	- JR	<u></u>
New Registered Office Address:	f.o.	134-56 Ente	≥¥ 103 r Florida street aa	25 WH /	te a	EDAR ST.
	PORT	R (LZIES) City		کِ Floridaَ	7 668 Zip Cod	392

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. 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 Agen

If amending the Managers or Authorized Member on our records, enter the title, name, and address of each Manager or Authorized Member being added or removed from our records:

MGR = Manager

Title Name Address MGR JILL ALDE RAYCHEL P.O. BOX 363 PORT RICHEY FL 346 PORT RICHEY FL 344	
PORT RICHEY FL 346 MGR DILL A. SMITH P.O. BOX 563 PORT RICHEY FL 344	
MGR JILL A. SMITH P.O. BOX 563 PORT RICHEY FI 34	☐ Remove
PORT RICHEY FI 34	
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		(optional) ate and cannot be more than 90 days after
the date this document is filed by the Flor		(optional) ate and cannot be more than 90 days after
the date this document is filed by the Flor	rida Department of State) , 2014.	

Page 3 of 3

Filing Fee: \$25.00

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