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TALLAHASSEE, FLORIDA

AUG 27 2014
S. YOUNG

W14-48601



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

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14 AUG -6 PM 11:15
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TALLAHASSEE, FLORIDA

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 Section
Division of Corporations

SUBJECT: JILL ANNE RAIKHEL 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:

JILL ANNE RAIKHEL
Name of Person

JILL ANNE RAIKHEL LLC
Firm/Company

P.O. BOX 563
Address

PORT RICHEY FL 34673
City/State and Zip Code

JSMITH4LANO@YAHOO.COM
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

JILL ANNE RAIKHEL at (727) 247-9042
Name of Person Area Code Daytime Telephone Number

Enclosed is a check for the following amount:

- | | | | |
|---|---|--|--|
| <input type="checkbox"/> \$25.00 Filing Fee | <input checked="" type="checkbox"/> \$30.00 Filing Fee &
Certificate of Status | <input type="checkbox"/> \$55.00 Filing Fee &
Certified Copy
(additional copy is enclosed) | <input type="checkbox"/> \$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

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14 AUG -8 PM 11:15
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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

JILL A - SMITH 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 9/15/11 and assigned Florida document number 611000105750.

This amendment is submitted to amend the following:

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

JILL ANNE RACHEL 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)

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:

JILL ANNE RACHEL LLC JR

New Registered Office Address:

P.O. Box 563 10325 WHITE CEDAR ST.

Enter Florida street address

PORT RICHIE

City

Florida

34668

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. 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.

Jill Anne Rachel
If Changing Registered Agent, Signature of New Registered Agent

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

AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGR	JILL ANNE RAICHEL	P.O. Box 563	<input checked="" type="checkbox"/> Add
		PORT RICKEY FL 34673	<input type="checkbox"/> Remove
MGR	JILL A. SMITH	P.O. Box 563	<input type="checkbox"/> Add
		PORT RICKEY FL 34673	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
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			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove

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 SECRET
 TAMPA, FLORIDA

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

E. Effective date, if other than the date of filing: _____ (optional)

(The effective date must be specific, cannot be prior to date of receipt or filed date and cannot be more than 90 days after the date this document is filed by the Florida Department of State)

Dated 8/21, 2014.

Jill Anne Raichel

Signature of a member or authorized representative of a member

JILL ANNE RAICHEL

Typed or printed name of signee

Page 3 of 3

Filing Fee: \$25.00

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