

L11000111636

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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☐ MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

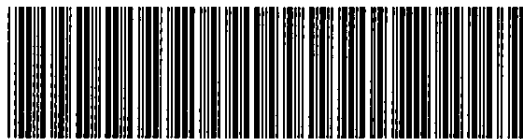
Special Instructions to Filing Officer:

A. LUNT

OCT 12 2011

EXAMINER

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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10/11/11--01049--002 **25.00

LAW OFFICES
JEFFER & CIOFFI, P.A.
TEQUESTA CORPORATE CENTER - SUITE 203
250 TEQUESTA DRIVE
P.O. BOX 3010
TEQUESTA, FLORIDA 33469
TELEPHONE (561) 747-6000
FAX (561) 575-9167

Herman Jeffer
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Of Counsel
Jeffer, Hopkinson,
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NEW JERSEY OFFICE
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150 BROADWAY, SUITE 2206
NEW YORK, N.Y. 10038
(212) 406-7280

October 6, 2011

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Re: Family Bonds, LLC

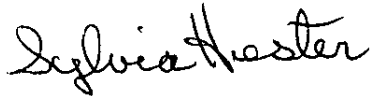
To Whom it may concern:

Enclosed please find the original and copy of Articles of Amendment to Articles of Organization of Family Bonds, LLC, along with a check in the amount of \$25.00 for filing fee. Kindly file the Articles at your earliest convenience and return a copy to our office.

If you have any questions please do not hesitate to call our office.

Thank you.

Sincerely,



Sylvia Hester
Legal Assistant

/sch

Encl.

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Family Bonds, LLC
Name of Limited Liability Company

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2011 OCT 11 PM 4:30
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Karen A. Costello
Name of Person

Family Bonds, LLC
Firm/Company

6380 Chasewood Drive, Apt. H
Address

Jupiter, FL 33418
City/State and Zip Code

kcacostello2@comcast.net
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Karen A. Costello at (561) 339-2171
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

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

Family Bonds, 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 Sept. 27, 2011 and signed _____
Florida document number L1100011636.

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)

6380 Chasewood Drive, Apt. H
Jupiter, FL 33458

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

6380 Chasewood Drive, Apt. H
Jupiter, FL 33458

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: _____

New Registered Office Address: _____

Enter Florida street address

_____, Florida _____

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>
Mgr.	Karen A. Costello	6380 Chasewood Drive, Apt. # Napiten, FL 33458	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
Mgr.	Janet C. Fillyaw	1150 Laurel Branch Road Murphy, NC 28906	<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.)

Dated

October 4, 2011

Sylvia L. Hester

Signature of a member or authorized representative of a member

Sylvia L. Hester

Typed or printed name of signee

2011 OCT 11 PM 4:00
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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