## L12000011680

(Re	questor's Name)	
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(Do	cument Number	)
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SECRETARY DESIME.

J. SAULSBERRY EXAMINER

NOV 16 2012

## **COVER LETTER**

TO: Registration Section Division of Corporations
SUBJECT: Lisa's Mobile Home Move and Installes 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:
Lisa M. Fasnacht Name of Person
Lisa's Mobile Home Movers AND Installar LLC. Firm/Company
1500 MArina BAY Blod.
City/State and Zip Code  City/State and Zip Code  Control of And Do Sonothing Bamail. Comparison  E-mail address: (to be used for future annual report notification)
Gut outside And Do Sonothing & MAIL. Com
E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Lisa Fasnacht at (DD2) 216-2116  Name of Person Area Code & Daytime Telephone Number
Enclosed is a check for the following amount:
□ \$25.00 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

LIBJS Mobile	- Home	More	rs and	Ins	PY17	is Ci
Name of the Limit	ted Liability Compan (A Florida Limited Li	y as it now appea iability Company)	irs on our records.)			
The Articles of Organization for this Limited Florida document number L12 000	l Liability Company	were filed on	. / /		nd assig	
This amendment is submitted to amend the f	ollowing:					
A. If amending name, enter the new name	e of the limited liabi	lity company he	re:			
The new name must be distinguishable and end "L.L.C."  Enter new principal offices address, if app		ted Liability Comp	any," the designation	1 "LLC" o	r the abl	previation
• •				<b>=</b>	· 5-3	
(Principal office address MUST BE A STR	<u>EEI ADDRESS)</u>			- FS	<u> </u>	<del></del>
		<del></del>		<del>- ≥≓</del>	3	
				SC		enter or
Enter new mailing address, if applicable:				<u> </u>	ഗ	
(Mailing address MAY BE A POST OFFIC	CE BOX)			i ji ji	A	
				97	Ć.	<b>6</b> 1
				SJ:m	2	
B. If amending the registered agent ar registered agent and/or the new registered			our records, ente	r the na	me of	the new
Name of New Registered Agent:	List	Fron	r Buy B			
New Registered Office Address:	150D	MATINA	r Ruy B nter Floridd street	100		
	Ent Do				194	9
	Fort Pier	- Citv	, Florida	Ziv	Code	
	B 1 . 14 .			,		

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

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•					
•	•		÷,		

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>	Address	Type of Action
v <u>P</u> _	List Fits Nacht	Jort Pierre 7	- Buy Add
		fort Pierre 7	11 34949 Remove
			Add
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<del>,, .,.</del>			Add
			Remove
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			Add
			Remove

. If am	ending any other information, enter change(s) here: (Attach additional sheets, if necessary.)
الدعد	
ted	hi
	Signature of a member or authorized representative of a member
	Typed or printed name of signee
	Page 3 of 3

Filing Fee: \$25.00

SECRETARY OF STATE