

L12000020989

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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(Business Entity Name)

(Document Number)

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SECRETARY OF STATE
DIVISION OF CORPORATION
2013 JAN 25 PM 12:58

C. LEWIS
JAN 28 2013
EXAMINER

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: EMPTY NEST HOLDINGS, 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:

Diane Schleicher

Name of Person

EMPTY NEST HOLDINGS, LLC

Firm/Company

1550 Centennial Blvd

Address

Bartow, FL 33830

City/State and Zip Code

diane@arroyoprocess.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Diane Schleicher

Name of Person

at (863) 581-2624

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**

FILED
SECRETARY OF STATE
DIVISION OF CORPORATION

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EMPTY NEST HOLDINGS, 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 L12000020989 and assigned
Florida document number 2/13/2012.

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)

EMPTY NEST HOLDINGS, LLC

1550 Centennial Blvd

Bartow, Fl. 33830

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

EMPTY NEST HOLDINGS, LLC

1550 CENTENNIAL BLVD

Bartow, Fl. 33830

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:

Diane Schleicher

New Registered Office Address:

1550 Centennial Blvd

Enter Florida street address

Bartow

Florida

33830

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.

Diane Schleicher

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

ADDRESS CHANGE ONLY

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGRM	Diane Schleicher	1550 Centennial Blvd	☐ Add
		Bartow, FL. 33830	☐ Remove
MGRM	Kurt Schleicher	1550 Centennial Blvd	☐ Add
		Bartow, FL. 33830	☐ Remove
			☐ Add
			☐ Remove
			☐ Add
			☐ Remove
			☐ Add
			☐ Remove

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

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DIVISION OF CAMPAIGN
2013 JAN 25 PM 12:58

Dated 1/17, 2013



Signature of a member or authorized representative of a member

Diane Schleicher

Typed or printed name of signee

Page 3 of 3

Filing Fee: \$25.00