

L12000043823

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

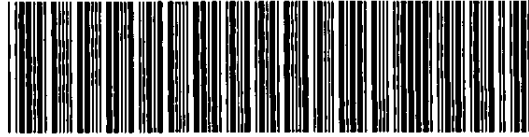
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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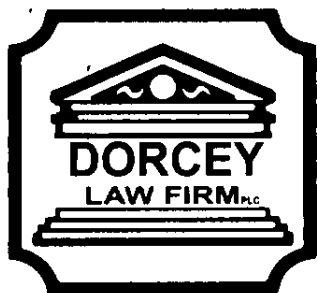


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FILED
14 JUN -6 PM 12:37
TALLAHASSEE, FLORIDA

STARS JUN 10 2014



THE DORCEY LAW FIRM, PLC

239-418-0169

www.DorceyLaw.com

Estate Planning | Business Planning | Asset Protection | Probate | Estate Litigation | Business Litigation

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May 29, 2014

Florida Department of State
Division of Corporations
Registration Section
P.O. Box 6327
Tallahassee, Florida 32314

Re: Fort Myers Reprographics, LLC

To Whom It May Concern:

Please find enclosed the Articles of Amendment for the above-referenced Limited Liability Company. Also enclosed is a check made payable to the Florida Department of State for the requisite filing fees.

Please file the enclosed Amendment accordingly. Should you have any questions or concerns, please do not hesitate to contact our office.

Sincerely,

Erica D. Cohen, Esq.
Associate Attorney
FOR THE FIRM

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: FORT MYERS REPROGRAPHICS, 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:

ERICA D. COHEN

Name of Person

THE DORCEY LAW FIRM, PLC

Firm/Company

10181-C SIX MILE CYPRESS PKWY

Address

FORT MYERS, FL 33966

City/State and Zip Code

ERICA@DORCEYLAW.COM

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

For further information concerning this matter, please call:

ERICA D. COHEN

Name of Person

at **239 418-0169**

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

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

FORT MYERS REPROGRAPHICS, 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 3/29/2012 and assigned
Florida document number L12000043823.

This amendment is submitted to amend the following:

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

N/A

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:

N/A

(Principal office address MUST BE A STREET ADDRESS)

Enter new mailing address, if applicable:

N/A

(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:

THE DORCEY LAW FIRM, PLC

New Registered Office Address:

10181-C SIX MILE CYRPRESS PKWY

Enter Florida street address

FORT MYERS

City

, Florida

33966

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.

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>
MGRM	DOROTHY P. KRES	4280 SE 20TH PL, APT 701	<input type="checkbox"/> Add
		CAPE CORAL, FL 33904	<input checked="" type="checkbox"/> Remove
MGR	DOROTHY P. KRES	4280 SE 20TH PL, APT 701	<input checked="" type="checkbox"/> Add
		CAPE CORAL, FL 33904	<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

SO. FLORIDA
TALLAHASSEE, FLORIDA
14 JUN - 6 PM '87
37

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

N/A

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

May 21, 2014

Dorothy P. Kres

Signature of a member or authorized representative of a member

DOROTHY P. KRES

Typed or printed name of signee

Page 3 of 3

Filing Fee: \$25.00

14 JUN -6 PM 12:37
TALLAHASSEE, FLORIDA