

L12000067292

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

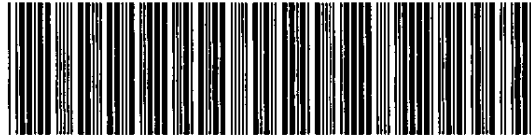
(Business Entity Name)

(Document Number)

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05/23/12--01012--011 **25.00

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
12 MAY 23 AM 11:16

MAY 24 2012

T. HAMPTON

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT:

Preselle Enterprises, 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:

Toni Frana

Name of Person

Preselle Enterprises, LLC

Firm/Company

1003 Napa Way

Address

Niceville, FL 32578

City/State and Zip Code

tfrana21@gmail.com

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

For further information concerning this matter, please call:

Toni Frana

Name of Person

at 919 302 4782

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 CORPORATIONS

Preselle Enterprises, LLC
(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

MAY 23 AM 11:14

The Articles of Organization for this Limited Liability Company were filed on 5/18/12 and assigned
Florida document number L12000067292

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)

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:

Samantha Bobek

New Registered Office Address:

1075 Napa Way

Enter Florida street address

Niceville

Florida

32578

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.

Samantha Bobek

If Changing Registered Agent, Signature of New Registered Agent

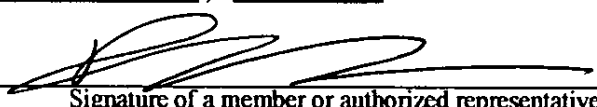
If amending the Managers or Managing Members on our records, enter the title, name, and address of each Manager or Managing Member being added or removed from our records:

MGR = Manager
MGRM = Managing Member

Title	Name	Address	Type of Action
MGR	Gregory Frana	1003 Napa Way Nicville, FL 32578	<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
			<input type="checkbox"/> Add <input type="checkbox"/> Remove

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

Dated 5/21/12



Signature of a member or authorized representative of a member

Toni Frana

Typed or printed name of signee

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SECRETARY OF STATE
DIVISION OF CORPORATIONS
12 MAY 23 AM 11:14