

L12000069446

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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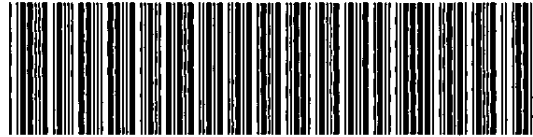
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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T. CLINE

DEC 20 2012

EXAMINER

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: **702 Industries, 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:

Kandice Kaminski

Name of Person

702 Industries, LLC

Firm/Company

9225 Bay Plaza Drive, Suite 405

Address

Tampa, Florida 33619

City/State and Zip Code

oceanbreezetravel76@gmail.com

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

For further information concerning this matter, please call:

B. Neal Kohn

Name of Person

at **386 307 7145**

Area Code & Daytime Telephone Number

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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**

702 Industries, 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 May 23, 2012 and assigned
Florida document number L12000069446.

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)

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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:

<u>Name of New Registered Agent:</u>	<u>B. Neal Kohn</u>
<u>New Registered Office Address:</u>	<u>9225 Bay Plaza Drive, Suite 405</u>
	<small>Enter Florida street address</small>
	<u>Tampa</u> , <u>Florida</u> <u>33619</u>
	<small>City Zip Code</small>

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 606, 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.


Bryan
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	KANDICE KAMINSKI	9225 BAY PLAZA DRIVE	<input checked="" type="checkbox"/> Add
		SUITE 405	<input type="checkbox"/> Remove
		TAMPA, FL 33619	
MGR	MICHAEL A PETRILLO	6303 SUNSET BAY CIRCLE	<input type="checkbox"/> Add
		APOLLO BEACH, FL 33572	<input checked="" type="checkbox"/> Remove
MGR	MELISSA L NORTON	6303 SUBSET BAY CIRCLE	<input type="checkbox"/> Add
		APOLLO BEACH, FL 33572	<input checked="" 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

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TALLAHASSEE, FLORIDA

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

Dated DECEMBER 13, 2012

Kandice Kaminiski
Signature of a member or authorized representative of a member

Kandice Kaminiski
Typed or printed name of signer

Page 3 of 3

Filing Fee: \$25.00

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