L12000079366

(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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2012 AUG 27 PM 3:43
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

J. BRYAN

AUG 28 2012

EXAMINER

August 3, 2012

FILED
2012 AUG 27 PM 3:43
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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

Re: Orlando Specialty Consignment
L12000079366
Amendment

Enclosed is an amendment to the Articles of Organization for Orlando Specialty Consignment, deleting a Managing Member.

Also enclosed is our check for the $25.00 filing fee.

We look forward to receiving the letter of acknowledgement when the amendment is filed.

Thank you,

Kathy Akers

Kathy Akers
6088 Masters Blvd.
Orlando, FL 32819
407-694-0258

COVER LETTER

TO: **Registration Section**
Division of Corporations

SUBJECT: Orlando Specialty Consignment 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:

Kathy Akers
Name of Person

Orlando Specialty Consignment LLC
Firm/Company

6088 Masters Blvd.
Address

Orlando, FL 32819
City/State and Zip Code

orlandospecialtyconsignment@gmail.com
E-mail address: (to be used for future annual report notification)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

For further information concerning this matter, please call:

Kathy Akers at (407) 694-0258
Name of Person 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

FLORIDA DEPARTMENT OF STATE
Division of Corporations

FILED
2012 AUG 27 PM 3:43
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

August 7, 2012

KATHY AKERS
ORLANDO SPECIALTY CONSIGNMENT LLC
6088 MASTERS BLVD.
ORLANDO, FL 32819

SUBJECT: ORLANDO SPECIALTY CONSIGNMENT LLC
Ref. Number: L12000079366

We have received your document for ORLANDO SPECIALTY CONSIGNMENT LLC and your check(s) totaling $25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Section 608.407, Florida Statutes, requires the document(s) to be signed by a member or by the authorized representative of a member.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Joey Bryan
Regulatory Specialist II

Letter Number: 612A00020434

ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF

Orlando Specialty Consignment 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 June 14, 2012 and assigned Florida document number L12000079366.

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:

Name of New Registered Agent: _____

New Registered Office Address: _____

Enter Florida street address

_____, **Florida** _____

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.

_____

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
MGMR	Jennifer Dougherty	5838 Masters Blvd. Orlando, FL 32819	☐ Add ☑ Remove
			☐ Add ☐ Remove
			☐ Add ☐ 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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2012 AUG 27 PM 3:43
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Dated July 12, 2012.

Kathy Akers
Signature of a member or authorized representative of a member

Kathy Akers
Typed or printed name of signee

Filing Fee: $25.00