

#L12000084485

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MEREDITH WILLIAMS 7/7/2014 KS

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FILED
2014 JUN 30 PM 3:14
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

K. SALLY
EXAMINER
JUL -7 2014

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Classical Conversations III Ocala, 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:

Meredith Williams
Name of Person

Classical Conversations III Ocala, LLC
Firm/Company

2015 SE 5th Street
Address

Ocala, FL 34471
City/State and Zip Code

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

For further information concerning this matter, please call:

Meredith Williams at (352) 216-4444
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

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

Classical Conversations III Ocala, LLC

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

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

The Articles of Organization for this Limited Liability Company were filed on 6/23/14 and assigned Florida document number *L12000084485.

This amendment is submitted to amend the following:

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

Classical Conversations NE Ocala, LLC

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)

2015 SE 5th Street
Ocala, FL
34471

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:

Meredith Williams

New Registered Office Address:

2015 SE 5th Street

Enter Florida street address

Ocala

City

Florida

34471

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.

Meredith Williams

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>
<u>Mrs</u> <u>(MGRM)</u>	<u>Misty Taylor</u>	<u>2019 NE 5th PL</u>	<input type="checkbox"/> Add
		<u>Ocala, FL 34470</u>	<input checked="" type="checkbox"/> Remove
<u>AMBR</u>	<u>Meredith Williams</u>	<u>2015 SE 5th St</u>	<input checked="" type="checkbox"/> Add
		<u>Ocala, FL 34471</u>	<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
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			<input type="checkbox"/> Remove

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

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 6/23/14

Meredith Williams

Signature of a member or authorized representative of a member

meredith Williams

Typed or printed name of signee