

L12000085189

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

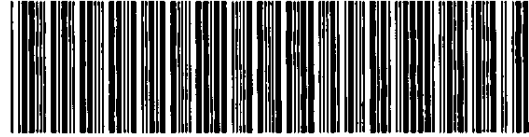
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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JUN 04 2014
D. BRUCE

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Reclaimed Treasures, 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:

Tonia D. Nation

Name of Person

30A Artisan, LLC

Firm/Company

119 Woodland Bayou Dr.

Address

Santa Rosa Bch, FL 32459

City/State and Zip Code

tnation@30aartisan.com

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

For further information concerning this matter, please call:

Tonia D. Nation

Name of Person

at (850) 598-1143

Area Code

Daytime Telephone Number

Enclosed is a check for the following amount:

- | | | | |
|--|--|--|--|
| <input checked="" type="checkbox"/> \$25.00 Filing Fee | <input 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

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2014 MAY 27 PM 1:50
TALLAHASSEE, FL 32301
CLERK OF SUPERIOR COURT

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

Reclaimed Treasures, 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 6/28/2012 and assigned
Florida document number L12000085189.

This amendment is submitted to amend the following:

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

30A Artisan, 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)

119 Woodland Bayou Drive

Santa Rosa Beach, FL 32459

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

119 Woodland Bayou Drive

Santa Rosa Beach, FL 32459

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 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

MGR= Manager
AMBR = Authorized Member

AMBR = Authorized Member

Category	Item	Quantity	Unit	Price	Total	Action
Food	Apples	10	kg	0.50	5.00	<input type="checkbox"/> Add <input type="checkbox"/> Remove
	Bananas	5	kg	0.80	4.00	<input type="checkbox"/> Add <input type="checkbox"/> Remove
Clothing	Shirts	2	pieces	2.00	4.00	<input type="checkbox"/> Add <input type="checkbox"/> Remove
	Jeans	1	pair	3.00	3.00	<input type="checkbox"/> Add <input type="checkbox"/> Remove
Electronics	Smartphones	1	unit	10.00	10.00	<input type="checkbox"/> Add <input type="checkbox"/> Remove
	Laptops	1	unit	15.00	15.00	<input type="checkbox"/> Add <input type="checkbox"/> Remove
Services	Internet	1	month	1.00	1.00	<input type="checkbox"/> Add <input type="checkbox"/> Remove
	Electricity	1	month	2.00	2.00	<input type="checkbox"/> Add <input type="checkbox"/> Remove

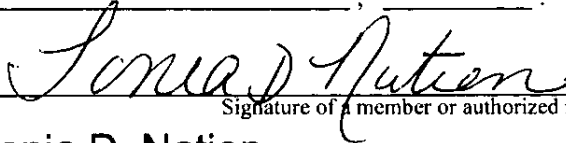
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☐ Add ☐ Remove

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 May 22, 2014



Signature of a member or authorized representative of a member

Tonia D. Nation

Typed or printed name of signee

Page 3 of 3

Filing Fee: \$25.00

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2014 MAY 27 PM 1:50
CLERK OF STATE
TREASURY DEPARTMENT