

L12000129120

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

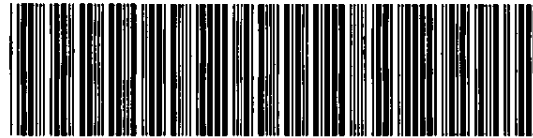
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



700257354437

03/06/14--01012--002 **25.00

B. BOSTICK
APR - 3 2014
EXAMINER

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: CitySleekers, 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:

Nicholas Price

Name of Person

CitySleekers, LLC

Firm/Company

4370 Northampton Cir

Address

PALM HARBOR, FL 34685

City/State and Zip Code

NICK@THECITYSLEEKERS.COM

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

For further information concerning this matter, please call:

NICHOLAS PRICE

Name of Person

at 877 453-2165

Area Code

Daytime Telephone Number

Enclosed is a check for the following amount:

- | | | | |
|---|--|--|--|
| <input 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

ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF

CITYSLEEPERS, 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 10/10/2012 and assigned
Florida document number 46-1160980.

This amendment is submitted to amend the following: L12000129120

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:

NICHOLAS PRICE

New Registered Office Address:

4370 WORTHINGTON CIR

Enter Florida street address

PALM HARBOR

City

Florida

34685

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

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

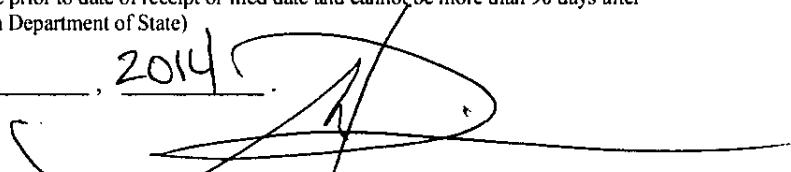
<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
<u>MGR</u>	<u>EVAN BRADY</u>	<u>1745 EAGLE TRACE BLVD</u>	<input type="checkbox"/> Add
		<u>PALM HARBOR, FL</u>	<input checked="" type="checkbox"/> Remove
		<u>34685</u>	
<u>MGR</u>	<u>NICHOLAS E PRICE</u>	<u>4370 NORTINGTON CIR</u>	<input checked="" type="checkbox"/> Add
		<u>PALM HARBOR, FL</u>	<input type="checkbox"/> Remove
		<u>34685</u>	
<u>MGR</u>	<u>MICHAEL G KOVAC</u>	<u>2931 ELYSIUM WAY</u>	<input checked="" type="checkbox"/> Add
		<u>CLEARWATER, FL</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

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 March 31st, 2014



Signature of a member or authorized representative of a member

NICHOLAS PRICE

Typed or printed name of signee

03/31/2014 10:50 AM
FILED



FLORIDA DEPARTMENT OF STATE
Division of Corporations

March 7, 2014

NICHOLAS PRICE
4370 WORTHINGTON CIRCLE
PALM HARBOR, FL 34685

SUBJECT: CITYSLEEKERS LLC
Ref. Number: L12000129120

We have received your document for CITYSLEEKERS 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):

The attached form must be completed in order to file the document.

The document must be signed by a member or an 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.

Barbara Bostick
Regulatory Specialist II

Letter Number: 814A00005094



FLORIDA DEPARTMENT OF STATE
Division of Corporations

March 24, 2014

NICHOLAS PRICE
4370 WORTHINGTON CIRCLE
PALM HARBOR, FL 34685

SUBJECT: CITYSLEEKERS LLC
Ref. Number: L12000129120

We have received your document for CITYSLEEKERS 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 607.0120(4), 617.01201, or 605.0206, Florida Statutes, requires all corporate documents to be typewritten or printed in ink.

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.

Barbara Bostick
Regulatory Specialist II

Letter Number: 714A00006286

2014 MAR 24 PM 1:50
6286