

L12000158434

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

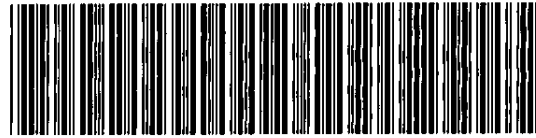
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FILED
2017 MAR 21 AM 9:45
SECRETARY OF STATE
TALLAHASSEE FLORIDA

M. MILLIGAN

MAR 28 2017

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Carla Johnson Meeks, Realtor, 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:

Carla J. Meeks
Name of Person

Firm/Company

875 E. Hooker Street
Address

Bartow, FL 33830
City/State and Zip Code

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

For further information concerning this matter, please call:

Carla J. Meeks at (863) 604-9287
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

March 3, 2017

CARLA J. MEEKS
875 E. HOOKER ST.
BARTOW, FL 33830

SUBJECT: CARLA JOHNSON MEEKS, REALTOR, LLC
Ref. Number: L12000158434

RECEIVED
2017 MAR 21 PM 3:39
TALLAHASSEE, FLORIDA

We have received your document for CARLA JOHNSON MEEKS, REALTOR, LLC, however, upon receipt of your document no check was enclosed. Please return your **document** along with a **check** or **money order** made payable to the Department of State for \$25.00.

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.

Michelle Milligan
Senior Section Administrator

Letter Number: 117A00004119

ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF

Carla Johnson Meeks, Realtor, LLC

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

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TALLAHASSEE FLORIDA

The Articles of Organization for this Limited Liability Company were filed on 12-17-12 and assigned

Florida document number 612000158434.

This amendment is submitted to amend the following:

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

Carla Johnson Meeks, LLC

The new name must be distinguishable and contain 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:

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

If amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person 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>
_____	_____	_____	<input type="checkbox"/> Add
		_____	<input type="checkbox"/> Remove
		_____	<input type="checkbox"/> Change
_____	_____	_____	<input type="checkbox"/> Add
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		_____	<input type="checkbox"/> Remove
		_____	<input type="checkbox"/> Change

[illegible]

(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b) **Note:** If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

Dated February 28, 2017

Carla J. Meeks
Typed or printed name of signee

Filing Fee: \$25.00

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2017 MAR 21 AM 9:45
SECRETARY OF STATE
TALLAHASSEE FLORIDA