

L13000003439

(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



200243690172

01/16/13--01028--009 **25.00

FILED

2013 JAN 16 PM 1:45
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

JAN 17 2013

J. BRYAN

ATTORNEYS CORPORATION SERVICE, INC.
5668 EAST 61ST STREET
COMMERCE, CA 90040
TEL: (800) 462-5487 ext.126 FAX: (800) 388-0330
EMAIL: dparra@attorneyscorpsservice.com

DOCUMENT FILING REQUEST LETTER

REQUEST FILING SERVICE

DATE: 1/11/2013

FROM: DARLA PARRA

Client Matter: # 9039624

TO: CORPORATE ACCESS, INC.
236 EAST 6TH AVENUE
TALLAHASSE, FL 32315

ATTN: DOCUMENT FILING DIVISION

RE: **C'lestial Gardens, LLC**

Enclosed is one of the following: **(1) Articles of Amendment**

Return request via following: **(X) Priority Mail/Email**

Total Page(s) attached including transmittal page: (5)

****Fax/Email a copy of the filed documents upon acceptance of filing****

****PLEASE RETURN FILED DOCUMENTS ATTACHED WITH AN INVOICE TO:
ATTORNEYS CORPORATION SERVICE, INC.**
5668 E. 61ST STREET
COMMERCE, CA 90040**

****PLEASE CONFIRM UPON RECEIVED DOCUMENTS****

NOTE(S):

CK# \$25.00 (STATE FILING FEE)

FILED
2013 JAN 16 PM 1:45
SECRETARY OF STATE
TALLAHASSE, FLORIDA

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: C'lestial Gardens, 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:

Darla Parra

Name of Person

Rocket Lawyer

Firm/Company

5668 E. 61st Street

Address

Commerce, CA 90040

City/State and Zip Code

dparra@attorneyscorpsservice.com

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

For further information concerning this matter, please call:

Darla Parra

Name of Person

800 462-5487x126

at ()

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

FILED
2013 JAN 16 PM 1:46
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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

C'lestial Gardens, LLC

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

FILED
2013 JAN 16 PM 1:46
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

The Articles of Organization for this Limited Liability Company were filed on January 8th, 2013 and assigned
Florida document number L13000003439.

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)

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

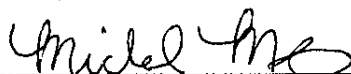
FILED
2013 JUN 16 PM 1:19
TALLAHASSEE
SECRETARY OF STATE
FLORIDA

| <u>Title</u> | <u>Name</u> | <u>Address</u> | <u>Type of Action</u> |
|--------------|-----------------|-------------------------------|--|
| MGRM | MICHAEL MICHAEL | 14840 Naranja Lakes Blvd, #3P | <input type="checkbox"/> Add |
| | | Homestead, FL 33032 | <input checked="" type="checkbox"/> Remove |
| MGRM | MICHAEL MILES | 14840 Naranja Lakes Blvd, #3P | <input checked="" type="checkbox"/> Add |
| | | Homestead, FL 33032 | <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 |
| | | | <input type="checkbox"/> Add |
| | | | <input type="checkbox"/> Remove |

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

FILED
2013 JAN 16 PM 1:46
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Dated January 11th, 2013.



Signature of a member or authorized representative of a member

MICHAEL MILES

Typed or printed name of signee

Page 3 of 3

Filing Fee: \$25.00