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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

SEP 12 2013

T. HASKETT

COVER LETTER

TO: **Registration Section**
Division of Corporations

SUBJECT: **Uncle Ernies Place 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:

Evelt L. Simmons, Esquire

Name of Person

Greenspoon Marder, P.A.

Firm/Company

145 N.W. Central Park Plaza, Ste. 200

Address

Port St. Lucie, Florida 34986

City/State and Zip Code

evett.simmons@gmlaw.com

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

For further information concerning this matter, please call:

Evelt L. Simmons, Esq.

Name of Person

at **(772) 873-5904**

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**

Uncle Ernies Place 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 January 3, 2013

Florida document number 13000007096

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TALLAHASSEE, FLORIDA

This amendment is submitted to amend the following:

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

Uncle Ernie's Place, 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)

2410 Avenue D

Fort Pierce, FL 34950

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

P.O. Box 1746

Fort Pierce, FL 34954

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:

Vernon M. Dixon, II

New Registered Office Address:

2410 Avenue D

Enter Florida street address

Fort Pierce

City

Florida 34954

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.

V M Dixon II
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:

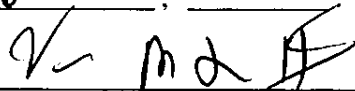
MGR = Manager
MGRM = Managing Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
<u>Mgr</u>	<u>Vernon M. Dixon, II</u>	<u>2410 Avenue D</u> <u>Fort Pierce, FL 34950</u>	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
<u>Mgrm</u>	<u>Lowell E. Raulerson</u>	<u>5110 Buchanan Drive</u> <u>Fort Pierce, FL 34982</u>	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
<u>Mgrm</u>	<u>Lawrence R. Raulerson, II</u>	<u>3195 Sunrise Boulevard</u> <u>Fort Pierce, FL 34982</u>	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
<u>Mgrm</u>	<u>Teresa S. Raulerson</u>	<u>5110 Buchanan Drive</u> <u>Fort Pierce, FL 34982</u>	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
<u>Mgrm</u>	<u>Sharon Raulerson</u>	<u>3195 Sunrise Boulevard</u> <u>Fort Pierce, FL 34982</u>	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove

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SECRETARY OF STATE

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

Dated September 6, 2013



Signature of a member or authorized representative of a member

Vernon M. Dixon, II

Typed or printed name of signee

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Filing Fee: \$25.00

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