

LB000007796

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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(Document Number)

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MAY 31 2017

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COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: THIRTEEN-TWENTY-TWO, 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:

BRIAN R ORME

Name of Person

Firm/Company

419 SAN MAR ^{IE}~~SH~~ DRIVE

Address

PUNTA GORDA, FL 33950

City/State and Zip Code

X BRIANUSEDME @ GMAIL.COM

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

For further information concerning this matter, please call:

BRIAN R ORME

Name of Person

X
at (813)

Area Code

525 2877

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**

THIRTEEN-TWENTY-TWO, 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 14, 2013 and assigned
Florida document number L13000007796.

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 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)

419 SAN MARIE DRIVE

PUNTA GORDA, FL 33950

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

419 SAN MARIE DRIVE

PUNTA GORDA, FL 33950

B. If amending the registered agent and/or registered office address on our records, enter name of the new registered agent and/or the new registered office address here:

Name of New Registered Agent:

BRIAN R ORME

New Registered Office Address:

419 SAN MARIE DRIVE

Enter Florida street address

PUNTA GORDA

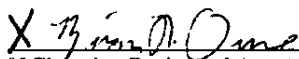
, Florida 33950

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>
MGRM	HAROLD OWENS	1215 GORDA CAY LANE	<input type="checkbox"/> Add
		PUNTA GORDA, FL 33950	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGRM	BRIAN R ORME	419 SAN MARIE DRIVE	<input checked="" type="checkbox"/> Add
		PUNTA GORDA, FL 33950	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
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17 MAY 30 PM 00 00
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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

N/A

FILED
17 MAY 30 PM 4:28
CLERK OF DISTRICT COURT
TALLAHASSEE, FLORIDA

E. Effective date, if other than the date of filing: APRIL 25, 2017 (optional)

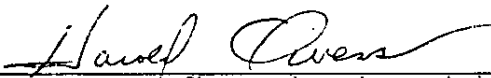
(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b)

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.

If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of:

(b) The 90th day after the record is filed.

Dated APRIL 25th, 2017

X 

Signature of a member or authorized representative of a member

HAROLD OWENS

Typed or printed name of signee