L16000027943

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H16000079950 3)))

H16000079950ABC4

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:
Division of Corporations
Fax Number : (850)617-6383

From:
Account Name : EMMANUEL SHEPPARD & CONDON
Account Number : 072720000035
Phone : (850)433-6581
Fax Number : (850)433-6162

FILED
16 MAR 30 PM 12:02
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email Address: ROBINB553@YAHOO.com

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN
OUR REFLECTIONS, LLC

Certificate of Status	0
Certified Copy	0
Page Count	04
Estimated Charge	$25.00

Please disregard prior fax —
RE-FAXING — Added fax audit # to top and bottom of each page of document

MAR 31 2016

Electronic Filing Menu Corporate Filing Menu Help

H16000079503

COVER LETTER

TO: **Registration Section**
Division of Corporations

SUBJECT: OUR REFLECTIONS, 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:

ROBIN R. BALISTRERI
Name of Person

Firm/Company

26 BAY BRIDGE DRIVE
Address

GULF BREEZE, FL 32561
City/State and Zip Code

ROBINB553@YAHOO.COM
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

CHARLES P.HOSKIN at (850) 433-6581
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

H16000079503

H16000079503

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

OUR REFLECTIONS, 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 FEBRUARY 21, 2013 and assigned Florida document number L13000027743.

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)

26 BAY BRIDGE DRIVE
GULF BREEZE, FL 32561

Enter new mailing address, if applicable:
(Mailing address MAY BE A POST OFFICE BOX)

26 BAY BRIDGE DRIVE
GULF BREEZE, FL 32561

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: ROBIN R. BALISTRERI

New Registered Office Address: 26 BAY BRIDGE DRIVE
Enter Florida street address

GULF BREEZE, Florida 32561
City *Zip Code*

16 MAR 30 PM 12:02
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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

H16000079503

H16000079503

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

Title	Name	Address	Type of Action
MGR	JOSEPH D. AMBERSLEY	1680 TIDEWATER LANE	☐ Add
		NAVARRRE, FL 32566	■ Remove
			☐ Change
MGR	MARGIT AMBERSLEY	1680 TIDEWATER LANE	☐ Add
		NAVARRRE, FL 32566	■ Remove
			☐ Change
MGR	JOEL W. BALISTRERI	26 BAY BRIDGE DRIVE	■ Add
		GULF BREEZE, FL 32561	☐ Remove
			☐ Change
MGR	ROBIN R. BALISTRERI	26 BAY BRIDGE DRIVE	■ Add
		GULF BREEZE, FL 32561	☐ Remove
			☐ Change
			☐ Add
			☐ Remove
			☐ Change
			☐ Add
			☐ Remove
			☐ Change

H16000079503

H16000079950 3

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

16 MAR 30 PM 12:08
SECRETARY OF STATE
TALLAHASSEE, FLORIDA
FILED

E. Effective date, if other than the date of filing: APRIL 1, 2016 – 12:01 am (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 3/30/16

Signature of a member or authorized representative of a member

ROBIN R. BALISTRERI

Typed or printed name of signee

Filing Fee: $25.00

H16000079950 3