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.

(((H13000105145 3)))



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 : BUSINESS FILINGS

Account Number : 105256001620

Phone Fax Number : (608)827-5300 : (608)827-5501

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

Email	Address:	sesurc7@gmail.com

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN AMERICAN RESPONSE COMPANY LLC

ڧ 5

Certificate of Status	0
Certified Copy	0
Page Count	03
Estimated Charge	\$25.00

Electronic Filing Menu

Corporate Filing Menu

Help

MAY 1 0 2013

J. BKYAN

https://efile.sunbiz.org/scripts/efilcovr.exe P.001 1093 728 808

5/9/2013 1099 728 809 67:91 Elos-e0-YAM

Fax Audit H130001051453

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

American Response Company LLC	,	2
(Name of the Limited Liability Compania) (A Florida Limited Liability)	as it now appears on our records.)	
(A Florida Linited Lin	ioury Company)	世間出て
The Articles of Organization for this Limited Liability Company v	vere filed on 4/9/2013	and assigned
Florida document number L13000052562		
		學原 董
This amendment is submitted to amend the following:		The ex
A Transcring pages sufar the pass name of the limited liabil	·	\$ S &
A. If amending name, enter the new name of the limited liabil	ty company nere:	tini 10
		≯*
The new name must be distinguishable and end with the words "Limite	d 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)		
in the state of th		
		•
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		
Internal and the Party DD N 1 001 Of 170H DOM		
B. If amending the registered agent and/or registered office address here:		the name of the new
registered agent and/or the new registered office address here:		
Name of New Registered Agent:		· · · · · · · · · · · · · · · · · · ·
New Registered Office Address:	W . 114 . 1	.,
	Enter Florida street aa	laress
	, Florida	
	City	Zip Code
New Desistance Agently Clamptons of themselve Desistance &		-

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

Page 1 of 2

200.q 1033 728 803

MGR = Manager

Fax Audit H130001051453

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:

<u>Name</u>	<u>Address</u>	Type of Action
Donna Gallagher	895 Christy Dr. Port Orange, Florida 32129	Add Remove
		Add Remove
<u>-</u>		Add Remove
		Add Remove Add Remove Add Remove Add Remove
		☐ Add
		☐ Add ☐ Remove
ng any other information, e	nter change(s) here: (Attach additional sheets, if ne	ecessary.)
		
lay 8 Donna Gallag	, 2013	 -

Page 2 of 2

Filing Fee: \$25.00