

L13000081167

\_\_\_\_\_  
(Requestor's Name)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

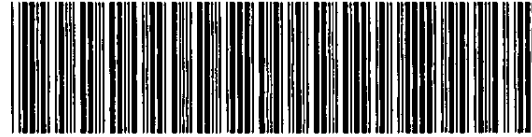
\_\_\_\_\_  
(Business Entity Name)

\_\_\_\_\_  
(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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TALLAHASSEE, FLORIDA



## South Milhausen

A PROFESSIONAL ASSOCIATION

August 13, 2013

Registration Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

**RE: Retroactive, LLC  
Articles of Amendment**

To Whom It May Concern:

I enclose my cover letter and the Articles of Amendment for filing. We also enclose our check in the amount of \$30.00 for the filing fee and the Certificate of Status to be returned to me at my Orlando, Florida address.

Thank you for attention in this matter.

Respectfully submitted,

James R. LaVigne, Esq.

JRL/kaf

Gateway Center  
1000 Legion Place • Suite 1200  
Orlando, FL 32801

Tel 407 539 1638  
Fax 407 539 2679

[www.southmilhausen.com](http://www.southmilhausen.com)

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J. Todd South  
Richard D. Baxter †  
John Christensen  
Sherry Lambson-Eisele  
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Derek A. Kurtz \*\*  
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Scott South  
Cameron H. P. White

\*BOARD CERTIFIED BY THE FLORIDA  
BAR IN BUSINESS LITIGATION

\*\*OF COUNSEL

† ALSO ADMITTED IN NEW YORK

## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: Retrospective, 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:

James R. Lavigne  
Name of Person

South Milhausen, P.A.  
Firm/Company

1000 Legion Place, Suite 1200  
Address

Orlando, Florida 32801  
City/State and Zip Code

jlavigne@southmilhausen.com  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

James R. Lavigne at (407) 539-1638  
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

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

ARTICLES OF AMENDMENT  
TO  
ARTICLES OF ORGANIZATION  
OF

Retroactive, 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 June 5, 2013 and assigned  
Florida document number L13000081167.

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)

1260 Commons Court  
Clermont, Florida 34711

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:

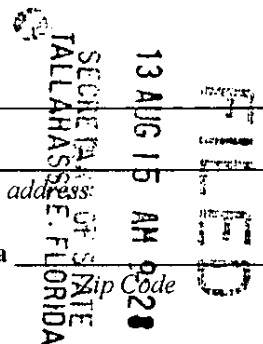
New Registered Office Address:

Enter Florida street address:

Florida

City

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.

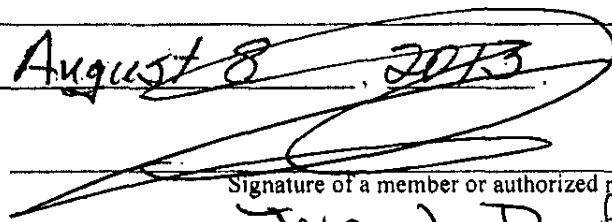
If Changing Registered Agent, Signature of New Registered Agent



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

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Dated August 8, 2013

  
\_\_\_\_\_  
Signature of a member or authorized representative of a member  
James D Gull  
\_\_\_\_\_  
Typed or printed name of signee

Page 3 of 3

Filing Fee: \$25.00

**FILED**  
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