# 13000090045

(Requestor's Name)				
(Address)				
(Address)				
(Ci	ty/State/Zip/Phone	:#)		
(0)	groundreipri riono	·" <i>)</i>		
PICK-UP	☐ WAIT	MAIL		
(B)	ısiness Entity Nam	ne)		
(50	ionicos Entity (vair	icj		
(Document Number)				
Certified Copies	_ Certificates	of Status		
Special Instructions to Filing Officer:				

Office Use Only



400250302024



2013 AUG 12 PM 3: 39
SECRETARY OF STATE

AUG 1 3 2013 J. BRYAN

# ATTORNEYS CORPORATION SERVICE, INC. 5668 EAST 61<sup>ST</sup> STREET COMMERCE, CA 90040

TEL: (800) 462-5487 ext.104 FAX: (800) 388-0330 EMAIL: nancy@attorneyscorpservice.com

#### DOCUMENT FILING REQUEST LETTER

#### REQUEST FILING SERVICE

DATE: 08/07/2013

FROM: NANCY HERNANDEZ

Client Matter: #9039624

TO: DEPARTMENT OF STATE

DIVISION OF CORPORATIONS

CLIFTON BUILDING

2661 EXECUTIVE CENTER CIRCLE

TALLAHASSEE, FL 32301

ATTN: DOCUMENT FILING DIVISION

RE: PONCE INLET HOUSEHOLD SERVICES LLC

Enclosed is one of the following: (1) Articles of Amendment

Return request with filing: (1) Plain Copy

Return request via following: (X) Priority Mail/Email

Total Page(s) attached including transmittal page: (5)

\*\*Fax/Email a copy of the filed documents upon acceptance of filing\*\*

\*\*PLEASE RETURN FILED DOCUMENTS ATTACHED WITH AN INVOICE TO:
ATTORNEYS CORPORATION SERVICE, INC.\*\*
5668 E. 61st STREET
COMMERCE, CA 90040

\*\*PLEASE CONFIRM UPON RECEIVED DOCUMENTS\*\*

NOTE(S):

CK# 700819 \$25.00 (STATE FILING FEE)

#### **COVER LETTER**

TO: Registration Section
Division of Corporations

SUBJECT:

# PONCE INLET HOUSEHOLD SERVICES 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:

# NANCY HERNANDEZ

Name of Person

# ATTORNEYS CORPORATION SERVICE

Firm/Company

5668 E. 61ST STREET

Address

COMMERCE, CA 90040

City/State and Zip Code

### nancy@attorneyscorpservice.com

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

For further information concerning this matter, please call:

Nancy Hernandez

\_\_800、462-5487

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)

MISHIE IZ PA 3: 38

**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



#### PONCE INLET HOUSEHOLD SERVICES 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 Liab Florida document number L13000090045	oility Company were filed on 06/24/2013	and assigned
This amendment is submitted to amend the follow	ving:	
A. If amending name, enter the new name of the	he limited liability company here:	
The new name must be distinguishable and end with a "L.L.C."	the words "Limited Liability Company," the d	esignation "LLC" or the abbreviation
Enter new principal offices address, if applicab	ole:	
(Principal office address MUST BE A STREET	ADDRESS)	
	<del></del>	
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BO	<u></u>	
B. If amending the registered agent and/or registered agent and/or the new registered office		rds, enter the name of the new
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Floric	la street address
	,	Florida
	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 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 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>	Address	Type of Action
MGRM	Eileen Shields	116 Ponce Terrace Cir	Add
		Ponce Inlet, FL 32127	Remove
<del></del>			Add Remove
			語で「
			STORY Addy
			Remove
· 		·	
			Remove
			_
<del></del>			L Add
			Remove
<del></del>			Add
			Remove
			_

D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)		
		A SECTION AND A
ted August 2	<u>2013</u>	7 6
	Edeen Skields	Service PA 3
	Signature of a member or authorized representative of a member	200
	Eileen Shields Typed or printed name of signee	

Page 3 of 3

Filing Fee: \$25.00