

L130000140006

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

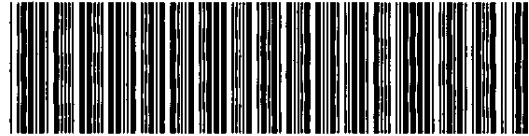
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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SECRETARY OF STATE
TALLAHASSEE FLORIDA

JUL 22 2014
T. HAMPTON

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: **ANGLO CENTURION 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:

Kelvin L. Eder

Name of Person

ANGLO CENTURION LLC

Firm/Company

10203 Trout RD

Address

Orlando FL 32836

City/State and Zip Code

rkantecki@gmail.com and kelvineder@mac.com

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

For further information concerning this matter, please call:

Kelvin L. Eder

Name of Person

at **(321) 239-3414**

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

**ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF**

ANGLO CENTURION 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 October 4, 2013 and assigned
Florida document number L13000140006

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 "LLC."

Enter new principal offices address, if applicable:

(Principal office address MUST BE A STREET ADDRESS)

10203 Trout RD

Orlando FL 32836

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

10203 Trout Rd

Orlando FL 32836

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:

10203 Trout RD

Enter Florida street address

Orlando

City

Florida 32836

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 the Managers or Authorized Member on our records, enter the title, name, and address of each Manager or Authorized Member 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>
MGR	Robert Kantecki	10203 Trout RD Orlando FL 32836	<input type="checkbox"/> Add

☐ Remove

MGR	"The Robert Kantecki Revocable Trust dated April 9, 2013, Robert Kantecki, Trustee"	10203 Trout RD Orlando FL 32836	<input type="checkbox"/> Add
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☐ Remove

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SECRETARY OF STATE

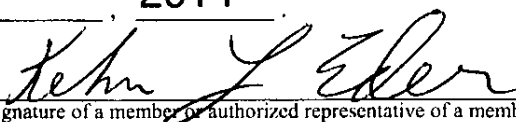
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D. If amending any other information, enter change(s) here: *(Attach additional sheets, if necessary.)*

E. Effective date, if other than the date of filing: _____ **(optional)**

(The effective date must be specific, cannot be prior to date of receipt or filed date and cannot be more than 90 days after the date this document is filed by the Florida Department of State)

Dated June 26, 2014



Signature of a member or authorized representative of a member

Kelvin L. Eder

Typed or printed name of signee

Page 3 of 3

Filing Fee: \$25.00

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TALLAHASSEE FLORIDA

ANGLO CENTURION LLC

Transfer of membership Interest

Managing members prior to transfer of member interest

Authorized Person(s) Detail

Name & Address


Title MGRM
EDER, KELVIN L
8679 ALEGRE CIRCLE
ORLANDO, FL 32836

Title MGRM
KANTECKI, ROBERT
10203 TROUT ROAD
ORLANDO, FL 32836

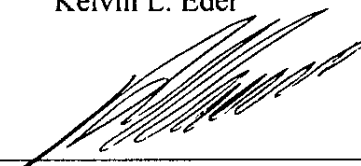
By this document Robert Kantecki hereby transfers all of his membership rights and interest to "The Robert Kantecki Revocable Trust dated April 9, 2013, Robert Kantecki, Trustee". C/O Robert Kantecki Trustee 10203 Trout Rd Orlando, FL 32836-6544.

This Transfer is approved by unanimous agreement of the members of ANGLO CENTURION LLC.

Title MGRM
EDER, KELVIN L
8679 ALEGRE CIRCLE
ORLANDO, FL 32836


Kelvin L. Eder

Title MGRM
KANTECKI, ROBERT
10203 TROUT ROAD
ORLANDO, FL 32836


Robert Kantecki

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