

L13000 163004

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

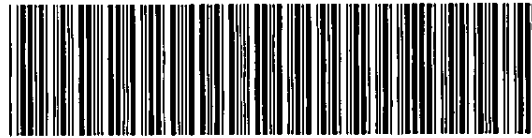
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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RECEIVED
DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
2014 FEB 11 PM 4:18
TO: CLERK OF COURT
SUPERIOR COURT OF FLORIDA

FILED
2014 FEB 11 AM 10:25
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

N. Guffey FEB 12 2014



CORPORATION SERVICE COMPANY

ACCOUNT NO. : I20000000195
REFERENCE : 010842 7980844
AUTHORIZATION : *[Signature]*
COST LIMIT : \$ 25.00

ORDER DATE : February 11, 2014
ORDER TIME : 2:49 PM
ORDER NO. : 010842-005
CUSTOMER NO: 7980844

DOMESTIC AMENDMENT FILING

NAME: MICHAEL WINSLOW, LLC

EFFECTIVE DATE:

XX ARTICLES OF AMENDMENT
 RESTATED ARTICLES OF INCORPORATION

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

 CERTIFIED COPY
XX PLAIN STAMPED COPY
 CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Susie Knight -- EXT# 52956

EXAMINER'S INITIALS: _____

COVER LETTER

TO: Registration Section
Division of Corporations

Michael Winslow, LLC

SUBJECT: _____
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:

Greg Galloway

Name of Person

Greggalloway.com, P.A.

Firm/Company

64 East Concord Street

Address

Orlando, Florida 32801

City/State and Zip Code

greg@greggalloway.com

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

For further information concerning this matter, please call:

Greg Galloway.

407 601-7878

at ()

Name of Person

Area Code

Daytime Telephone Number

Enclosed is a check for the following amount:

- | | | | |
|--|--|--|--|
| <input checked="" type="checkbox"/> \$25.00 Filing Fee | <input type="checkbox"/> \$30.00 Filing Fee &
Certificate of Status | <input type="checkbox"/> \$55.00 Filing Fee &
Certified Copy
(additional copy is enclosed) | <input type="checkbox"/> \$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

FILED

2014 FEB 11 AM 10:25

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Michael Winslow, 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 November 20, 2013 and assigned
Florida document number L13000163004.

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)

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

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	Leslie Winslow	2812 Hunting Hill Lane	<input type="checkbox"/> Add
		Atlanta, GA 30033	<input checked="" type="checkbox"/> Remove
MGR	Britton Winslow	497 Alafaya Wood Blvd., Apt F	<input type="checkbox"/> Add
		Orlando, Florida 32765	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove

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

2/11

2014

Signature of a member or authorized representative of a member

Typed or printed name of signee

GREG Galloway

Page 3 of 3

Filing Fee: \$25.00

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2014 FEB 11 AM 10:25
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TALLAHASSEE, FLORIDA