

L14000011322

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

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TALLAHASSEE FLORIDA

APR 23 2014

D. BRUCE



FLORIDA DEPARTMENT OF STATE
Division of Corporations

March 14, 2014

JOHN G. PIERCE
PIERCE & ASSOCIATES
800 N. FERNCREEK AVE
ORLANDO, FL 32803

SUBJECT: UNBROKEN CHAIN, LLC
Ref. Number: L14000011322

We have received your document for UNBROKEN CHAIN, LLC and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Section 605.0203(1)(b), Florida Statutes, requires the document(s) to be signed by one person acting as an authorized representative.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Deborah Bruce
Regulatory Specialist II

Letter Number: 614A00005605

DEPARTMENT OF STATE
TALLAHASSEE, FLORIDA

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COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: UNBROKEN CHAIN, 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:

JOHN G. PIERCE

Name of Person

PIERCE & ASSOCIATES

Firm/Company

800 N. FERNCREEK AVE

Address

ORLANDO, FL 32803

City/State and Zip Code

JERRY@JOHNPIERCE.COM

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

For further information concerning this matter, please call:

JOHN PIERCE

Name of Person

at **407** **898-4848**

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

STATE OF FLORIDA
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

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ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF

UNBROKEN CHAIN, 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 JANUARY 21, 2014 and assigned Florida document number L14000011322.

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:

218 Johnson Avenue, Apt 2

(Principal office address MUST BE A STREET ADDRESS)

Cape Canaveral, Florida 32920

Enter new mailing address, if applicable:

218 Johnson Avenue, Apt 2

(Mailing address MAY BE A POST OFFICE BOX)

Cape Canaveral, Florida 32920

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

City _____ Florida

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

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CLERK OF THE COURT
ALACHUA COUNTY, FLORIDA

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>
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
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 TALLAHASSEE FLORIDA

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 04/11/14

Joseph Ricca

Signature of a member or authorized representative of a member

Joseph Ricca

Typed or printed name of signer

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Filing Fee: \$25.00

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TALLAHASSEE, FLORIDA