

L14000023519

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

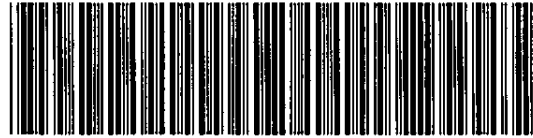
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

N. CAUSSEAU

JAN 30 2015

JAN 30 2015
N. CAUSSEAU

COVER LETTER

Please Rush

TO: **Registration Section
Division of Corporations**

SUBJECT: _____

Ogden's Office
Name of Limited Liability Company

We have been
trying to complete
since October.
Check cashed
in October,
State says this
form missing.

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Jaime Ogden
Name of Person
Ogden's Office
Firm/Company
25188 E Marion Ave #C306
Firm/Company
Punta Gorda 33950
Address

City/State and Zip Code
jaimereade@gmail.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Jaime Ogden at (941) 467-2432
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)

previously
paid
in Oct

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



FLORIDA DEPARTMENT OF STATE
Division of Corporations

October 23, 2014

JAIME OGDEN
25188 E. MERION AVE. #C306
PUNTA GORDA, FL 33950

SUBJECT: OGDEN'S OFFICE, LLC
Ref. Number: L14000023519

We have received your document for OGDEN'S OFFICE, 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):

You must insert the title or capacity of person(s) authorized to manage this limited liability company above the name(s) and address(es) listed. Such titles may include: Manager (MGR), Authorized Member (AMBR), Authorized Person (AP), or Authorized Representative (AR).

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.

Agnes Lunt
Regulatory Specialist II

Letter Number: 114A00022788

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

FILED
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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Ogden's Office

(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 L14000023519 and signed
Florida document number 2/11/2014 ←

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

N/A

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)

N/A

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

N/A

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:

N/A

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.


N/A

If Changing Registered Agent, Signature of New Registered Agent

MGR = Manager
AMBR = Authorized Member

MGR Dawn Wallace 47 Timberline Dr. ☐ Add
Voorhees, NJ. 08043 ☒ Remove

~~ALL~~ ~~Kent~~ J.O. ☐ Add

MGR Joseph Kent Barro  ☒ Add

→ 429 Ricold Terrace ☐ Remove

Port Charlotte, FL 33954

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Remove
DEPT. OF STATE
TALLAHASSEE, FLORIDA

☐ Remove

□ Add

☐ 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

1/21/2015

Signature of a member or authorized representative of a member

Typed or printed name of signee

Page 3 of 3

Filing Fee: \$25.00

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