

#L14000026989

(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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02/20/14--01019--007 **30.00

FILED

2014 MAR 11 PM 12:34
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

K. SALY
EXAMINER
MAR 12 2014



FLORIDA DEPARTMENT OF STATE
Division of Corporations

February 26, 2014

WARFEILDSERVICES LLC
FELIX WARREN III
816 W ANDERSON ST.
ORLANDO, FL 32805

SUBJECT: WARFEILDSERVICES LLC
Ref. Number: L14000026989

We have received your document for WARFEILDSERVICES LLC and your check(s) totaling \$30.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The document submitted is incomplete. Enclosed is the signature page that was missing from the document. Also enclosed is the "AMENDMENT OF CANCELLATION OF STATEMENT OF AUTHORITY", if you wish to file this document it is an additional fee of \$25.00.

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.

Karen A Saly
Regulatory Specialist II

Letter Number: 414A00004292

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: Warfield 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:

Felix Warren III
Name of Person

Warfield Services LLC
Firm/Company

810 W. Anderson St
Address

Orlando, FL 32805
City/State and Zip Code

Felix Warren38@gmail.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

John Whitfield at (407) 285-3780
Name of Person Area Code Daytime Telephone Number

Enclosed is a check for the following amount:

- | | | | |
|---|---|--|--|
| <input type="checkbox"/> \$25.00 Filing Fee | <input checked="" 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 MAR 11 PM 12:34
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Warfield Service 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 02/14/2014 and assigned
Florida document number L14000026989

This amendment is submitted to amend the following:

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

Warfield Services LLC

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)

514 W Columbia St.
Orlando FL 32805

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

514 W Columbia St.
Orlando FL 32805

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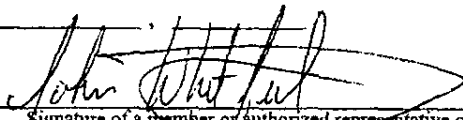
D. If amending any other information, enter change(s) here: *(Attach additional sheets, if necessary.)*

EIN # 46-5065346

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 _____


Signature of a member or authorized representative of a member

John Whitfield

Typed or printed name of signee