

L14000028035

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

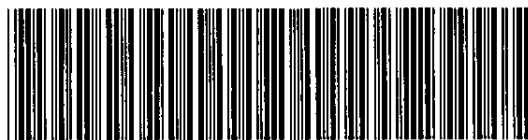
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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TO: HONORABLE  
SUSAN E. BENTLEY  
GOVERNOR OF FLORIDA

2014 FEB 19 PM 4:46

GOVERNOR OF FLORIDA  
SUSAN E. BENTLEY  
TALLAHASSEE, FLORIDA

14 FEB 19 PM 4:46

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ATTORNEY  
AND  
FILED

B. BOSTICK

FEB 19 2014

EXAMINER

## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: NEW Age Satellites "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:

Nora Duncan  
Name of Person

Firm/Company

13. Liberty Rd.  
Address

CLAWSONVILLE, FL. 32327  
City/State and Zip Code

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

For further information concerning this matter, please call:

at ()   
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)

**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

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STATE  
DIVISION OF CORPORATIONS  
TALLAHASSEE, FLORIDA

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

New Age Satellites "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 2/19/14 and assigned  
Florida document number L14000028035.

This amendment is submitted to amend the following:

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

New Age Satellites 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)

**Enter new mailing address, if applicable:**

(Mailing address MAY BE A POST OFFICE BOX)

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JUDICIAL CIRCUIT IN AND FOR  
FLORIDA

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FILED

**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>
AMBR	JAMES L. COOPER	13 LIBERTY Rd.	<input checked="" type="checkbox"/> Add
		CRAWFORDVILLE, FL 32327	<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
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			<input type="checkbox"/> Remove

FILED  
FEB 19 1994  
STATE OF FLORIDA

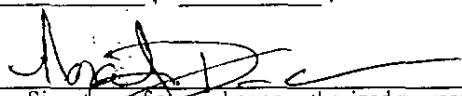
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FILED

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

Amend to Change title of Nora Duncan  
from MGR to AMBER

E. Effective date, if other than the date of filing: \_\_\_\_\_ (optional)  
(If an effective date is listed, the date must be specific and cannot be more than 90 days after filing.) (605.0207 (3)(b))

Dated \_\_\_\_\_



Signature of a member or authorized representative of a member

Nora S. Duncan

Typed or printed name of signee

Page 3 of 3

Filing Fee: \$25.00

STATE  
FLORIDA

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