14000038161

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B. BOSTICK JUN - 3 2014 EXAMINER

COVER LETTER

TO:

Registration Section
Division of Corporations

SUBJECT:

ERIK SHUPE COLLECTION 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:

MARLA COPELAND ESTY

Name of Person

EASY TAX AND ACCOUNTING

Firm/Company

P O BOX 2066

Address

HIGH SPRINGS, FL 32655

City/State and Zip Code

easytax@windstream.net

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

For further information concerning this matter, please call:

MARLA COPELAND ESTY

386, 454-8959

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

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

ERIK SHUPE COLLECTION LLC

(Name of the Limited Liability Company as it now appears on our records.)

(A FI	forida Limited Liability Company)	
The Articles of Organization for this Limited Liabili Florida document number <u>L14000038161</u>	ity Company were filed on 03/06/2	and assigned
This amendment is submitted to amend the following	ag:	
A. If amending name, enter the new name of the	limited liability company here:	
ERIC SHUPE COLLECTION LLC		
The new name must be distinguishable and end with the words	s "Limited Liability Company," the designa	ation "L.L.C." or the abbreviation "L.L.C."
Enter new principal offices address, if applicable	:	
(Principal office address MUST BE A STREET A	DDRESS)	
Enter new mailing address, if applicable:		0117
•		2023-000
(Mailing address MAY BE A POST OFFICE BOX	<u> </u>	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
B. If amending the registered agent and/or r		
registered agent and/or the new registered office		
Together upon the together of		
Name of New Registered Agent:		
New Projection of Office Address		
New Registered Office Address:	Enter Florida stre	vet address
		F1 11
-	City	, Florida Zip Code
New Registered Agent's Signature, if changing Regis	tered Agent:	·
-	-	
I hereby accept the appointment as registered ag provisions of all statutes relative to the proper as accept the obligations of my position as registere being filed to merely reflect a change in the register company has been notified in writing of this change	nd complete performance of my di ed agent as provided for in Chapto stered office address, I hereby con	aties, and I am familiar with and er 605, F.S. Or, if this document is

Page 1 of 3

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:

	Add
	□ Remove
	Add
	□ Remove
	□ Remove
 	Add Add
· · · · · · · · · · · · · · · · · · ·	Remove
	□ Remove
 	□ Add □ Remove

effective date must be specific, cannot b	be prior to date of receipt or filed date and cannot be more than 90 days after
e date this document is filed by the Florid	be prior to date of receipt or filed date and cannot be more than 90 days after da Department of State)
effective date must be specific, cannot b	be prior to date of receipt or filed date and cannot be more than 90 days after

Page 3 of 3

Filing Fee: \$25.00