

L14000058932

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

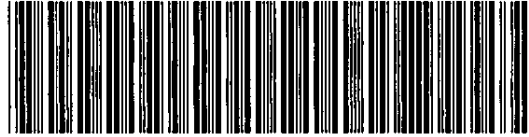
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

JAN 08 2016

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FLORIDA DEPARTMENT OF STATE
Division of Corporations

December 22, 2015

KATIE B. BENJAMIN
251 ROYAL PALM WAY, SUITE 400
PALM BEACH, FL 33480

SUBJECT: DEMOUNSEL, LLC
Ref. Number: L14000058932

We have received your document for DEMOUNSEL, 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):

Operating agreements not filed by this office. To change registered agent complete enclosed form and return to my attention.

We are enclosing the proper form(s) with instructions for your convenience.

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.

Stacey M Mason
Regulatory Specialist II

Letter Number: 415A00026794



SIMSES & Associates, P.A.
ATTORNEYS AT LAW

Katie B. Benjamin
kbenjamin@simseslaw.com

January 5, 2016

Registration Section
Attention: Stacey M. Mason
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Re: DeMaunsel LLC, Ref. No. L14000058932

Dear Sir or Madam:

Please find enclosed for filing an amendment to the Articles of Incorporation of DeMaunsel, LLC. Per your correspondence dated December 22, 2015, which is enclosed herein, payment for this filing has been submitted. Please do not hesitate to contact me with any questions.

Sincerely,

Katie B. Benjamin

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: DeMaunsel 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:

Katie Benjamin

Name of Person

Simses & Associates, P.A.

Firm/Company

251 Royal Palm Way, Suite 400

Address

Palm Beach, FL 33480

City/State and Zip Code

kbenjamin@simseslaw.com

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

For further information concerning this matter, please call:

Katie Benjamin

561 835-1313
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

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

DeMaunsel 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 April 9, 2014 and assigned
Florida document number L14000058932.

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 contain 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)

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:

Robert G. Simses

New Registered Office Address:

Simses & Associates, P.A., 251 Royal Palm Way, Suite 400

Enter Florida street address

Palm Beach

, Florida 33480

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 Authorized Person(s) authorized to manage, enter the title, name, and address of each person 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"/> Change
			<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.)*

[illegible]

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 prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of:

(b) The 90th day after the record is filed.

Dated January 5 2016

Signature of a member

Robert E. Johnson, Manager and Organizer

Typed or printed name of signee

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SECRETARY OF STATE
ALABAMA, FLORIDA