

5/19/2014

L14 0000 62981

Florida Department of State
Division of Corporations
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To:

Division of Corporations
Fax Number : (850) 617-6383

From:

Account Name : BOOKKEEPING & BUSINESS SERVICES OF CENTRAL FLORIDA, INC.
Account Number : 120140000042
Phone : (407) 822-4882
Fax Number : (407) 822-4884

****Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.****

Email Address: _____

**LLC AMND/RESTATE/CORRECT OR M/MG RESIGN
MR EARCANDY PUBLISHING LLC**

Certificate of Status	0
Certified Copy	0
Page Count	04
Estimated Charge	\$25.00

RECEIVED

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**SECRETARY OF STATE
TALLAHASSEE, FLORIDA**

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14 MAY 22 AM 8:33
TALLAHASSEE, FLORIDA**

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Corporate Filing Menu

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J. Shivers MAY 23 2014

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COVER LETTER

TO: **Registration Section**
Division of Corporations

SUBJECT: **MR EARCANDY PUBLISHING 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:

J H BROWN

Name of Person

BOOKKEEPING & BUSINESS SERVICES OF CENTRAL FLORIDA, INC.

Firm/Company

1800 PEMBROOK DRIVE

Address

ORLANDO FL 32810

City/State and Zip Code

JHBROWN@CFLBOOKS.COM

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

For further information concerning this matter, please call:

JH BROWN

Name of Person

at **407 822-4882**

Area Code

Daytime Telephone Number

Enclosed is a check for the following amount:

- | | | | |
|--|--|--|--|
| <input checked="" type="checkbox"/> \$25.00 Filing Fee | <input 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

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SECRETARY OF STATE

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

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MR. EARCANDY PUBLISHING 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 17, 2014 and assigned Florida document number L14000062981.

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 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)

P.O. BOX 297

GOLDENROD, FL. 32733

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

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If amending the Managers or Authorized Member on our records, enter the title, name, and address of each Member
Authorized Member being added or removed from our records:

MGR = Manager

AMBR = Authorized Member

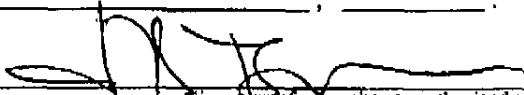
<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
AMBR	VAZQUEZ, GRETA	P.O. BOX 297	<input type="checkbox"/> Add
		ORLANDO, FL. 32733	<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
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			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove

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

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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 MAY 2, 2014



Signature of a member or authorized representative of a member

J H BROWN, AUTHORIZED REPRESENTATIVE

Typed or printed name of signee

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Filing Fee: \$25.00

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