L140000 73048

(Re	equestor's Name)	
(Ad	dress)	
(Ad	dress)	
(Cit	y/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Nan	ne)
(Do	cument Number)	
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COVER LETTER

Division of Corporations
SUBJECT: ALLY TRANSLATIONS 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:
Roger D. Perry
ALLY TRANSLATIONS LLC.
10940 Java
City/State and Zip Code
E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Sandra Perry at (904) 382-8679 Area Code Daytime Telephone Number
Enclosed is a check for the following amount:
\$25.00 Filing Fee \$\begin{array}{cccccccccccccccccccccccccccccccccccc

MAILING ADDRESS:

TO:

Registration Section

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

(Name of the Limited Liability Compa (A Florida Limited I	ny as it now appears on our records.) Liability Company)
The Articles of Organization for this Limited Liability Company Florida document number 1400073048	were filed on 5 3 14 and assigned
Plorida document number <u>L1400004304</u> 8	
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liab	ility company here:
The new name must be distinguishable and end with the words "Limited Liab	ility Company," the designation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	10940 Java Dr.
(Principal office address MUST BE A STREET ADDRESS)	Jackson VIlle, FL
Timesput office undress MOST BE A STREET ADDRESS	32246
Enter new mailing address, if applicable:	7990 Baymeadows Rd F # 1130
(Mailing address MAY BE A POST OFFICE BOX)	# 1130 Jacksonville, FL 32256
B. If amending the registered agent and/or registered of registered agent and/or the new registered office address here	
Name of New Registered Agent:	yer D. Perry 40 Java Dr.
New Registered Office Address:	Enter Florida street address
Jack	Son UILLE, Florida 32246 City Zip Code
New Registered Agent's Signature, if changing Registered Agent:	
I hereby accept the appointment as registered agent and agr provisions of all statutes relative to the proper and complete accept the obligations of my position as registered agent as p being filed to merely reflect a change in the registered office company has been notified in writing of this change.	performance of my duties, and I am familiar with and provided for in Chapter 605, F.S. Or, if this document is

Page 1 of 3

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 = M $AMBR = A$	lanager uthorized Member		
<u>Title</u>	<u>Name</u>	Address	Type of Action
Mrs.	Sandra Perry	7990 Bay meadows	<u>Pal</u> □ Add
	·	E#1130	Remove
		7990 Baymendows E # 1130 Jacksonville, FL	32256
			🗖 Add
			☐ Remove
		- 	
			☐ Remove
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			Add G
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If an	nending any other information, enter change(s) here: (Attach additional sheets, if necessary.)
	
Fffe	rtive date if other than the date of filing: (ontional)
(The e	ctive date, if other than the date of filing: (optional) ffective date must be specific, cannot be prior to date of receipt or tiled date and cannot be more than 90 days after
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(The e	ffective date must be specific, cannot be prior to date of receipt or filed date and cannot be more than 90 days after late this document is filed by the Florida Department of State)
(The e	ffective date must be specific, cannot be prior to date of receipt or filed date and cannot be more than 90 days after late this document is filed by the Florida Department of State)
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Page 3 of 3

Filing Fee: \$25.00

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