

LY 0000 75639

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

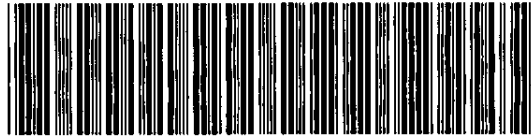
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



300260530713

300260530713
06/05/14--01011--027 **25.00

14 JUN -5 AM 11:37
TALLAHASSEE, FLORIDA
SECRETARY OF STATE

↓ Stivers JUN 10 2014

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: LU BIG MUCH ENTERPRISES 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:

Gerald T. Redding
Name of Person

Firm/Company

877 Lullwater Drive
Address

Oviedo, FL 32765
City/State and Zip Code

jerryredding@att.net
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Gerald Redding at (407) 620-3472
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**

LU BIG MUCK ENTERPRISES 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 May 8, 2014 and assigned
Florida document number L14000075639

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)

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

City

Florida

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

Title	Name	Address	Type of Action
-------	------	---------	----------------

MGR	Gerald T. Redding	877 Lullwater Dr.	<input checked="" type="checkbox"/> Add
		Oviedo, Fl. 32765	<input type="checkbox"/> Remove

AMBR	Gerald T. Redding	877 Lullwater Dr.	<input checked="" type="checkbox"/> Add
		Oviedo, Fl 32765	<input type="checkbox"/> Remove

AMBR	Victoria A Redding	877 Lullwater Dr.	<input checked="" type="checkbox"/> Add
		Oviedo, Fl 32765	<input type="checkbox"/> Remove

			<input type="checkbox"/> Add
--	--	--	------------------------------

			<input type="checkbox"/> Remove
--	--	--	---------------------------------

			<input type="checkbox"/> Add
--	--	--	------------------------------

			<input type="checkbox"/> Remove
--	--	--	---------------------------------

			<input type="checkbox"/> Add
--	--	--	------------------------------

			<input type="checkbox"/> Remove
--	--	--	---------------------------------

			<input type="checkbox"/> Add
--	--	--	------------------------------


			<input type="checkbox"/> Remove
--	--	--	---------------------------------

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

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 _____, _____.



Signature of a member or authorized representative of a member



Typed or printed name of signer

Page 3 of 3

Filing Fee: \$25.00

14 JUN -5 2:11:07
TALLAHASSEE, FLORIDA
SECRETARY OF STATE