

L14000112407

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

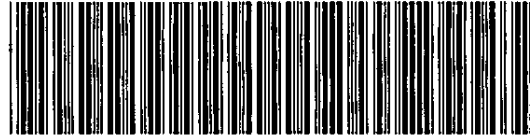
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



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2016 AUG 24 P 2:27
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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S Warren

AUG 25 2016



FLORIDA DEPARTMENT OF STATE
Division of Corporations

August 12, 2016

KERRY ANNE SCHULTZ, ESQ
2045 FOUNTAIN PROFESSIONAL CT, STE A
NAVARRE, FL 32563

SUBJECT: MYTHOSOPHY, L.L.C.
Ref. Number: L14000112407

We have received your document for MYTHOSOPHY, L.L.C. and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

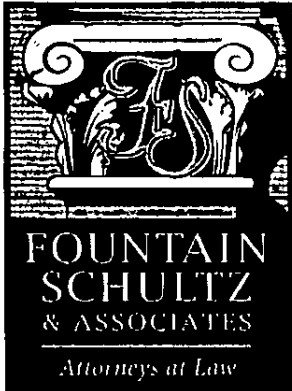
Missing page 1 and 2 of amendment form

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 Warren
Regulatory Specialist II

Letter Number: 516A00017140



KENNETH R. FOUNTAIN
KERRY ANNE SCHULTZ
SCOTT C. BRIDGFORD

2045 FOUNTAIN PROFESSIONAL CT.
SUITE A
NAVARRE, FLORIDA 32566
TEL: (850) 939-3535
FAX: (850) 939-3539

SANTA ROSA BEACH
TEL: (850) 622-2700
FAX: (850) 622-2722

August 8, 2016

Division of Corporations
Registration Division
P O Box 6327
Tallahassee, FL 32314

SUBJECT: Amendment for Mythosophy, L.L.C.
Registration No. L14000112407

Dear Sir or Madam:

Please find enclosed an Amendment to the Articles of Organization for the above referenced entity. A check in the amount of Twenty-Five Dollars (\$25.00) is also enclosed, the fee for this filing. Please return documents to the undersigned.

Thank you for your assistance and should you have questions, please let us know.

Sincerely,
Fountain, Schultz & Associates, P.L.

Kerry Anne Schultz, Esquire

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: MYTHOSOPHY, 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:

Kerry Anne Schultz, Esq.

Name of Person

Fountain, Schultz & Associates

Firm/Company

2045 Fountain Professional Ct., Suite A

Address

Navarre, FL 32563

City/State and Zip Code

Kaschultz@Fountainlaw.com

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

For further information concerning this matter, please call:

Kerry Anne Schultz

850

939-3535

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**

MYTHOSOPHY, L.L.C.

(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 7/16/2014 and assigned
Florida document number 114000112407.

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)

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CLERK OF STATE
TALLAHASSEE, FLORIDA

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

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>
MGR	SCOTT O DAVIS	P O BOX 17214	<input type="checkbox"/> Add
		PENSACOLA, FL 32522	<input checked="" type="checkbox"/> Remove
	Scott O. Davis, Trustee of the Scott O. Davis Revocable Trust Dated February 28, 2008		<input type="checkbox"/> Change
MGR		P O BOX 17214	<input checked="" type="checkbox"/> Add
		PENSACOLA, FL 32522	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
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			<input type="checkbox"/> Change

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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 August 4, 2016

Signature of a member or authorized representative

Signature of a member or authorized representative of a member

Scott O. Davis, Trustee of the Scott O. Davis Revocable Trust dated February 28, 2008

Typed or printed name of signee

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2010 AUG 24 P 2:28
SECRETARY OF STATE
TALLAHASSEE, FLORIDA