

614 000 175489

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

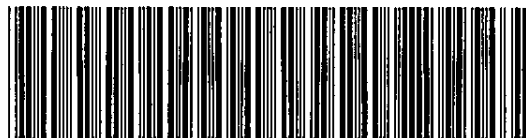
(Document Number)

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FILED
15 FEB 17 AM 9:30
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

RECEIVED FEB 24 2015

Jane Rader
8876 Oldham Way, West Palm Beach, FL 33412
571-239-0011 / jane@janerader.com

Feb. 13, 2015

Florida Dept of State
Division of Corporations

Dear Sir;

I have an LLC called Jane PR, LLC, Doc. No. L14000139489.

I would like to change the name to Jane Rader PR, LLC – adding in my last name.
Enclosed is the signed form and \$25 check.

If you have any questions, please call me at 571-239-0011 or email me at
jane@janerader.com. Thank you.

Sincerely,


Jane Rader

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Jane PR, 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:

Jane Rader
Name of Person

Jane PR, LLC
Firm/Company

8876 Oldham Way
Address

West Palm Beach, FL 33412
City/State and Zip Code

Jane @ Jane Rader.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Jane Rader at (571) 239-0011 (cell)
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

TO
ARTICLES OF ORGANIZATION
OF

Jane PR, 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 _____ and assigned
Florida document number L1400139489

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

Jane Rader PR, LLC

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: (same office)

(Principal office address MUST BE A STREET ADDRESS)

8876 Oldham Way
West Palm Beach, FL 33412

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

Same

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

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>
_____	_____	_____	<input type="checkbox"/> Add
		_____	<input type="checkbox"/> Remove

_____	_____	_____	<input type="checkbox"/> Add
		_____	<input type="checkbox"/> Remove

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		_____	<input type="checkbox"/> Remove

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		_____	<input type="checkbox"/> Remove

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		_____	<input type="checkbox"/> Remove

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ALABAMA DEPT. OF REVENUE

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 Jane Rader, 2/13/15.

Jane Rader

Signature of a member or authorized representative of a member

Jane Rader

Typed or printed name of signee

Page 3 of 3

Filing Fee: \$25.00

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TALLAHASSEE, FLORIDA