

L14000175967

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

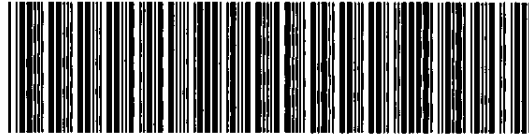
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

FEB 17 2015

T. HAMPTON

## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: MARGIE FREEDMAN, 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:

MyCorporation

Name of Person

Firm/Company

23586 Calabasas Road, Suite 102

Address

Calabasas, CA 91302

City/State and Zip Code

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

For further information concerning this matter, please call:

MyCorporation

818 224-7639  
at ( )

Name of Person

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 &<br>Certificate of Status | <input type="checkbox"/> \$55.00 Filing Fee &<br>Certified Copy<br>(additional copy is enclosed) | <input type="checkbox"/> \$60.00 Filing Fee,<br>Certificate of Status &<br>Certified Copy<br>(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

RECEIVED  
14 DEC 31 AM 10:00  
DIVISION OF CORPORATIONS  
BUREAU OF COMMERCIAL  
INFORMATION SERVICES



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

RECEIVED

15 FEB 16 AM 10:00

REGISTRATION  
BUREAU OF COMMERCIAL  
INFORMATION SERVICES

January 16, 2015

MYCORPORATION  
23586 CALABASAS RD  
STE 102  
CALABASAS, CA 91302

SUBJECT: MARGIE FREEDMAN, LLC  
Ref. Number: L14000175967

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

The registered agent must sign accepting the designation.

The effective date must be specific and cannot be prior to the date of filing.

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.

Tammy Hampton  
Regulatory Specialist III

Letter Number: 315A00001021

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

MARGIE FREEDMAN, 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 11/12/2014 and assigned  
Florida document number L14000175967.

This amendment is submitted to amend the following:

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

MARGIE FRIEDMAN, 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:

(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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**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: MARGIE FRIEDMAN

New Registered Office Address: 168 COCONUT KEY LANE

Enter Florida street address

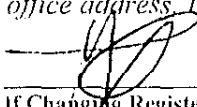
DELRAY BEACH, Florida 33484

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 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

| <u>Title</u> | <u>Name</u>     | <u>Address</u>         | <u>Type of Action</u>                      |
|--------------|-----------------|------------------------|--------------------------------------------|
| AMBR         | MARGIE FRIEDMAN | 168 COCONUT KEY LANE   | <input checked="" type="checkbox"/> Add    |
|              |                 | DELRAY BEACH, FL 33484 | <input type="checkbox"/> Remove            |
| AMBR         | MARGIE FREEDMAN | DELRAY BEACH, FL 33484 | <input type="checkbox"/> Add               |
|              |                 | 168 COCONUT KEY LANE   | <input checked="" type="checkbox"/> Remove |
|              |                 |                        | <input type="checkbox"/> Add               |
|              |                 |                        | <input type="checkbox"/> Remove            |
|              |                 |                        | <input type="checkbox"/> Add               |
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D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

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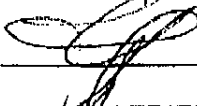
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E. Effective date, if other than the date of filing: \_\_\_\_\_ (optional)  
(The effective date must be specific, cannot be prior to date of receipt or filed date and cannot be more than 90 days after the date this document is filed by the Florida Department of State)

Dated 12/22, 14



Signature of a member or authorized representative of a member

MARGIE FRIEDMAN, MEMBER

Typed or printed name of signer

Page 3 of 3

Filing Fee: \$25.00

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