

L15000042748

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

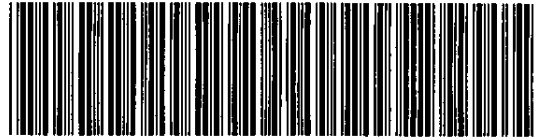
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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STATE OF FLORIDA
TALLAHASSEE
16 OCT -19 AM 7:01



FLORIDA DEPARTMENT OF STATE
Division of Corporations

October 7, 2016

HEATHER SIMMONS
12729 NW TWIN OAKS DR
BRISTOL, FL 32321

SUBJECT: HEATHER S. CLARK, LLC
Ref. Number: L15000042748

We have received your document for HEATHER S. CLARK, LLC and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The form you submitted is for a Florida corporation, but your entity is a Florida Limited liability Company. Please complete and return the enclosed blank form(s).

We are enclosing the proper form(s) with instructions for your convenience.

Please return the corrected original and one copy of 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.

Justin M Shivers
Regulatory Specialist II Supervisor
Registration/Qualification Section

Letter Number: 716A00021650

RECEIVED
2017 OCT 19 PM 12:13
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: Heather S. Clark, LLC

Name of Corporation

DOCUMENT NUMBER: L15000042748

The enclosed Amendment and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

Heather Summers

Name of Contact Person

Heather Summers, LLC

Firm/Company

12729 NW Twin Oaks Dr

Address

Bristol, Floria 32321

City/State and Zip Code

hsummers1976@yahoo.com

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

For further information concerning this matter, please call:

Heather Summers

at (850) 447-5256

Name of Contact Person

Area Code & Daytime Telephone Number

Enclosed is a check for the following amount:



\$35.00 Filing Fee



\$43.75 Filing Fee &
Certificate of Status



\$43.75 Filing Fee &
Certified Copy
(Additional copy is
enclosed)



\$52.50 Filing Fee,
Certificate of Status &
Certified Copy
(Additional copy is
enclosed)

Mailing Address:

Amendment Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street Address:

Amendment Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Heather S. Clark 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:

Heather Summers
Name of Person

Heather S. Clark LLC
Firm/Company

12729 NW Twin Oaks Dr
Address

Bristol, FL 32321
City/State and Zip Code

h.summers1976@yahoo.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Heather Summers at (850) 447-5236
Name of Person Area Code Daytime Telephone Number

Enclosed is a check for the following amount:

- | | | | |
|---|---|--|--|
| <input type="checkbox"/> \$25.00 Filing Fee | <input checked="" type="checkbox"/> \$30.00 Filing Fee &
Certificate of Status | <input type="checkbox"/> \$55.00 Filing Fee &
Certified Copy
(additional copy is enclosed) | <input type="checkbox"/> \$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**

Heather S. Clark, 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 03/09/2015 and assigned Florida document number L15000042748

This amendment is submitted to amend the following:

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

Heather L. Summers, LLC

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)

12729 NW Twin Oaks Dr
Bristol, FL 32321

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:

Heather Summers

New Registered Office Address:

12729 NW Twin Oaks Dr
Enter Florida street address
Bristol, Florida 32321
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.

Heather Summers
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	Heather Summers	12729 NW Twin Oaks Dr.	<input checked="" type="checkbox"/> Add
		Bristol, FL 32321	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	Heather Clark	12729 NW Twin Oaks	<input type="checkbox"/> Add
		Dr. Bristol, FL	<input checked="" type="checkbox"/> Remove
		32321	<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
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			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

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

16 OCT 19 AM 7:51

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 10/17/2016

Signature of a member or authorized representative of a member

Heather Summers

Typed or printed name of signee