# L1500091564

(Requestor's Name)
(Address)
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(City/State/Zip/Phone #)
(Address)  (Address)  (City/State/Zip/Phone #)  PICK-UP WAIT MAIL  (Business Entity Name)  (Document Number)  ertified Copies Certificates of Status
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# **COVER LETTER**

TO:	Registration Sec Division of Corp		·	*	5.
Š SUBJE	Eimers LLC			<i>p</i> *	ફું ક સંધ્
30 <b>0,</b> 12.	C1,	Name of Lin	nited Liability Company	<del></del>	
The enc	losed Articles of A	Amendment and fee(s) are sub	omitted for filing.		
Please re	eturn all correspor	ndence concerning this matter	to the following:		
		Richard Eimers			
			Name of Person		
		Eimers LLC			
			Firm/Company		
		79 Tranquility Ln			
			Address		
		Destin FL 32541			
			City/State and Zip Code		
	·	richardeimers@gmail.com			
		E-mail address:	(to be used for future annual report notif	ication)	
For furtl	her information co	oncerning this matter, please c	eall:		
Richard	l Eimers		850 259-1798 at ( )		
	Name of	Person		e Telephone Number	
Englosa	d is a chack for th	e following amount:			
		-	E essage PW P		
\$25	.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	□ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	Certified	e of Status &

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

Eimers LLC				
( <u>Name of the Limited Liability (</u> (A Florida Li	Company as it now appears on our records. mifed Liability Company)	)		
The Articles of Organization for this Limited Liability Con	npany were filed on May 25, 2015		and ass	signed
Florida document number L15000091564				
This amendment is submitted to amend the following:				
A. If amending name, enter the new name of the limited	d liability company here:			
Richard Eimers LLC				
The new name must be distinguishable and contain the words "Limited	d Liability Company," the designation "LLC"	or the abbrevia	ation "L	.L.C."
Enter new principal offices address, if applicable:	***************************************			
(Principal office address MUST BE A STREET ADDRES	SS)			
	-			
Enter new mailing address, if applicable:				
(Mailing address MAY BE A POST OFFICE BOX)		•		
		المنظر المنظر	3107	
		<b>&gt;</b> 23	57	
B. If amending the registered agent and/or register	red office address on our records.	enter the	:2: name	of the new
registered agent and/or the new registered office addres		917	w	1 *** (***)
		뜻유	3	gm er v
Name of New Registered Agent:		ကိုပ ၁၃	ہی	Žen.
Name of New Registered Agent.		- 13.K.	<del>ن</del>	
New Registered Office Address:		``••·		
	Enter Florida street address			
	, Flor	ida		
	City	Zi	p 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, <u>enter the title, name, and address of each person\_being added or removed from our records</u>:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
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ective date, if other than the date of effective date is listed, the date must be speci	filing:	or to date of filing o	r more than 90 days a	ptional)	suant to 60	)5.020°
te: If the date inserted in this block does ument's effective date on the Department	s not meet the appli	cable statutory fi	ling requirements,	this date will	not be lis	ted as
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he 90th day after the record is f	filed.	$\langle \langle \rangle \rangle$	/ /			
ed June 24	2015	M.				
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Signatur	re of a member or autl					
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Page 3 of 3

Filing Fee: \$25.00