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K.SALY EXAMINER AUG 14 2015

# **COVER LETTER**

TO: Registration Section Division of Corporations
SUBJECT: Meredith M. Housman, 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:
Marredith M. Housman
Meredith M. Housman, LLC Firm/Company
no Muirfield Circle
Atlantis FL 33462 City/State and Zip Code
E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Meredith Housman at (56) 568:1885  Name of Person Area Code Daytime Telephone Number
Enclosed is a check for the following amount:
\$25.00 Filing Fee \$25.00 Filing Fee & Certificate of Status Certified Copy (additional copy is enclosed) \$60.00 Filing Fee, 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

FILED

	O	)F	2015 AUG ID
MERED (Name of the Limi	ITH: M. led Liability Compa (A Florida Limited)	HOUS MAN, LLC ny as it now appears on our records.) Liability Company)	TALLAHASSEE, FLORIS
The Articles of Organization for this Limited L Florida document number <u>L150001</u>	iability Company	were filed on July 22,	2015 and assigned
This amendment is submitted to amend the foll	owing:		
A. If amending name, enter the new name o	f the limited liab	ility company here:	
The new name must be distinguishable and contain the vector new principal offices address, if applied the second of the second o	cable:	lity Company." the designation "LLC" or	
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE)	<u>BOX)</u>	N/A-	
B. If amending the registered agent and registered agent and/or the new registered o			enter the name of the new
Name of New Registered Agent:	N/A		
New Registered Office Address:	NA	Enter Florida street address	
		, Flori	da
		City	da 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

or removed from our records: MGR = Manager AMBR = Authorized Member **Type of Action Title Name Address** Meredith M. Housman 776 Muirfield Circle DAdd Atlantis, FL 33462 - Remove Change \_□ Add ☐ Remove Change \_□ Add □ Remove ☐ Change □ Add □ Remove ☐ Change □ Add □ Remove ☐ Change

If amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added

	N/A	•						
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fan effect <u>Note:</u> If	e date, if other the tive date is listed, the tate inserted in the date of the	date must be spe n this block do	cific and cann es not meet t	ot be prior to d he applicable	late of filing or me	ore than 90 days a	otional) fter filing.) Purs this date will r	uant to 605.0207 ( not be listed as t
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Dated	Augnst	- 7 <sup>th</sup>		2015	SYMAN od representative			
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Filing Fee: \$25.00