

L15000144929

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

OCT 16 2015

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FLORIDA DEPARTMENT OF STATE
Division of Corporations

October 8, 2015

ERIN BEAN
3576 BIRAGUE DRIVE
WELLINGTON, FL 33449

SUBJECT: ERIN BLYTHE CRAWFORD PA, LLC
Ref. Number: L15000144929

We have received your document for ERIN BLYTHE CRAWFORD PA, 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 CORPORATION - INC, but your entity is a LIMITED LIABILITY COMPANY - LLC. Please complete and return the enclosed blank form(s).

You may comply with this request via fax. Please fax correction(s) to the attention of the undersigned examiner at 850-245-6030.

Please return 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.

Stacey M Mason
Regulatory Specialist II

Letter Number: 815A00021378

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: ERIN BLYTHE CRAWFORD PA, 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:

ERIN BEAN
Name of Person

Firm/Company

3576 BIRAGUE DR.
Address

WELLINGTON FL 33449
City/State and Zip Code

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

For further information concerning this matter, please call:

Erin Bean
Name of Person

at (561) 346-5597
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

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

ERIN BLYTHE CRAWFORD PA, 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 8/24/15
Florida document number 15000144929

This amendment is submitted to amend the following:

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

Erin Blythe Bean PA, 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)

3576 Birague Dr.
Wellington FL 33449

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

3576 Birague Dr.
Wellington FL 33449

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:

ERIN B BEAN

New Registered Office Address:

3576 Birague Dr.

Enter Florida street address

Wellington

Florida

33449

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 603, 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

MGR = Manager
AMBR = Authorized Member


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CLERK OF DISTRICT COURT
JANAISSA E. FLORIDA

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

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.

(b) The 90th day after the record is filed.

Dated October 15, 2015


Signature of a member or authorized representative of a member

ERIN B. BEAN

Typed or printed name of signee

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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