

L150000190124

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Connie M. Long
AUTHORIZATION BY PHONE TO
CORRECT Business name add
DATE 11/23/15
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CLERK OF COURT
TALLAHASSEE, FLORIDA

15 NOV 20 PM 1:40

FILED

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Y SULKER

To: Whom it may concern

From: Connie Long

Enclosed is my Articles of Organization of Connie Long Real Estate LLC

I need to remove Mark R. Long VP from my LLC.

Please send a certified copy to – 2380 24th Ave NE
Naples, FL 34120

If you have any questions, I can be reached at (239) 825-9790

Thank you for your time

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CLERK OF DISTRICT COURT
TALLAHASSEE, FLORIDA

**TO
ARTICLES OF ORGANIZATION
OF**

Connie Long Real Estate 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 11/10/2015 and assigned Florida document number L15000190124.

This amendment is submitted to amend the following:

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

Connie Michelle Long, 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)

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

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:

New Registered Office Address:

Enter Florida street address

Florida

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

or removed from our records:

MGR = Manager

AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
VP	MARK R. Long	2380 24th Ave NE	<input type="checkbox"/> Add
		Naples, FL 34120	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
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15 NOV 20 PM 4:40
OFFICE OF STATE
TALLAHASSEE, FLORIDA

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11:00
15 NOV 20 PM 1:40
CLERK OF STATE
TALLAHASSEE, FLORIDA

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 November 16, 2015

Connie Long
Signature of a member or authorized representative of a member

Connie Long
Typed or printed name of signee