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COVER LETTER

TO:	Registration Se Division of Cor				
	Rachel Ash	ley LLC			
SUBJE	CCT:	Name of Limi	ted Liability Company		
The end	closed Articles of	Amendment and fee(s) are subr	nitted for filing.		
Please	return all correspo	ndence concerning this matter t	to the following:		
		Rachel A Fish			
		<u></u>	Name of Person	····· <u>·</u>	
		Rachel Ashley, LLC			
Firm/Company		Firm/Company			
	3646 Spyglass Court Address				
		Green Cove Springs, FL 32	2043		
			City/State and Zip Code		
		rachelashleyllc@yahoo.com			
		E-mail address: (t	o be used for future annual report notific	ation)	
For fur	ther information co	oncerning this matter, please ca	ıll:		
Rachel	l A Fish		904 501-0486 at ()		
	Name of	f Person	Area Code Daytime	Felephone Number Color NAH	
Enclose	ed is a check for th	ne following amount:		30 SSE	
□ \$ 2:	5.00 Filing Fee	□ \$30.00 Filing Fee & Certificate of Status	\$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	Certificate of Status & Certificate of Status & Certified Copy (additional copy is enclosed	O

MAILING ADDRESS:

TO:

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

TO ARTICLES OF ORGANIZATION OF

Rachel Ashley, LLC		
(Name of the Limited Liability Compan (A Florida Limited Li	v as it now appears on our rec ability Company)	cords.)
The Articles of Organization for this Limited Liability Company v L15000197948 Locument number	November 22	
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liabil	ity company here:	
The new name must be distinguishable and contain the words "Limited Liabilit	y 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 off registered agent and/or the new registered office address here		ords, enter the name of the ne
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida street ad	55 W F
	City	Zip Code
New Registered Agent's Signature, if changing Registered Agent:		56 23

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>	Address	Type of Action
MGR	Rachel A Fish	3646 Spyglass Court	□ Add
		Green Cove Springs, FL 32043	□ Remove
			☐ Change
AMBR	Wesley D Fish	3646 Spyglass Court	□ Add
		Green Cove Springs, FL 32043	■ Remove
			□ Change
			□ Remove
			Change
			□ Add
			Remove SECRETARY ARX ARX ARX ARX ARX ARX ARX
			FLORIDA 23
			Change
			□ Add
			□ Remove
			☐ Change

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Effective date, if other than the date of filing:	p tional) der filing \ Pursuant to A	50 5 0207 (3
Note: If the date inserted in this block does not meet the applicable statutory filing requirements, document's effective date on the Department of State's records.	this date will not be l	isted as th
the record specifies a delayed effective date, but not an effective time, at 12:0. The 90th day after the record is filed.	1 a.m. on the ear	rlier of:
The 90th day after the record is filed.	6 MAR	
		Contraction .
Dated	% % % % % %	4
Booked Stringle	THE TO	
Signature of a member or authorized representative of a member	 	
	: 23	
Rachel A Fish	*	
Typed or printed name of signee		•

Page 3 of 3

Filing Fee: \$25.00