

L16 0000 05152

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

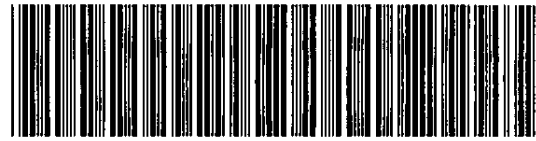
(Business Entity Name)

(Document Number)

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TALLAHASSEE, FLORIDA
16 OCT -3 AM 8:06

OCT 27 2016
S. YOUNG



FLORIDA DEPARTMENT OF STATE
Division of Corporations

October 4, 2016

ROBERT G FRANCIS
PO BOX 535
ARIPEKA, FL 34679

SUBJECT: 9057 HEATHER BLVD WEEKI WACHEE FL LLC
Ref. Number: L16000005152

RECEIVED
2016 OCT 24 PM 3:57
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

We have received your document for 9057 HEATHER BLVD WEEKI WACHEE FL LLC and your check(s) totaling \$30.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

We are enclosing the proper form(s) with instructions for your convenience.

Please return your document, along with 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.

Shelia H Young
Regulatory Specialist II

Letter Number: 816A00021359

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TALLAHASSEE, FLORIDA
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COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: 9057 Heather Blvd Weeki Wachee Fl 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:

ROBERT G. FRANCIS
Name of Person

Firm/Company

Po Box 535
Address

ARIPEKA FL 34679
City/State and Zip Code

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

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For further information concerning this matter, please call:

GARRETT FRANCIS at (405) 740 5693
Name of Person Area Code Daytime Telephone Number

Enclosed is a check for the following amount:

- \$25.00 Filing Fee
- \$30.00 Filing Fee & Certificate of Status
↑ you retained
- \$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**

9057 Heather Blvd Weeki Wachee Fl 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 11/7/2016 and assigned Florida document number L16000005152.

This amendment is submitted to amend the following:

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

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)

1072 Osowaw Blvd.
Spring Hill Fl
34607

Enter new mailing address, if applicable:
(Mailing address MAY BE A POST OFFICE BOX)

* P.O. Box 535
Aripoka, Fl.
34679

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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: Garrett Francis

New Registered Office Address: * 1072 Osowaw Blvd
Enter Florida street address
Spring Hill, Florida 34607
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.

(New address - NO AGENT change)

If Changing Registered Agent, Signature of New Registered Agent

If amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added or removed from our records:

MGR = Manager
 AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
AMBR	Debra Francis	physical-- 1072 Osowaw Blvd.	<input checked="" type="checkbox"/> Add
		Spring Hill, FL. 34606	<input type="checkbox"/> Remove
		mailing-- P.O. Box 535	<input type="checkbox"/> Change
		Aripeter, FL. 34679	<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
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			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

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

Multiple horizontal lines for amending information.

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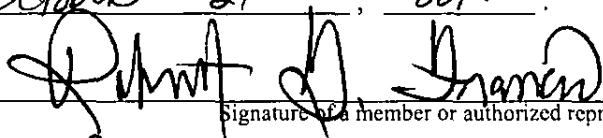
E. Effective date, if other than the date of filing: _____ (optional)

(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 October 21, 2016



Signature of a member or authorized representative of a member

Robert G. Francis

Typed or printed name of signee