

| (Requestor's Name)                      |
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| PICK-UP WAIT MAIL                       |
| (Business Entity Name)                  |
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| (Document Number)                       |
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## FLORIDA DEPARTMENT OF STATE Division of Corporations

February 3, 2016

TERRY LONGO 958 E JEFFENY STREET BOCA RATON, FL 33487 Jeffeny

SUBJECT: TERRY LONGO, LLC Ref. Number: L16000008145

2016 FEB 16 AM II: \$1
SECRETARY OF STAFE
TALL ANA SECRET FIREMAN

We have received your document for TERRY LONGO, 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):

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: 016A00002340

FEB -1 PH 4

## **COVER LETTER**

| Division of Corporations  |
|---|
| SUBJECT: TERRY LONGO, LLC   |
| SUBJECT: TERRY LONGO, 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:   |
| Teny Besh Longo Name of Person  |
| Terry Besh Worgo, L. L.C.   |
| 958 E Jeffey St   |
| Boca Ration Fl 33487 - F  |
| Boca Raton FL 33487  City/State and Zip Code  +erry, longo @ me. com  E-mail address: (to be used for fluture annual report notification)   |
| For further information concerning this matter, please call:  |
| Temp Longs at (954) 558 - 7191  Area Code Daytime Telephone Number  |
| Enclosed is a check for the following amount:   |
| \$25.00 Filing Fee \$\$30.00 Filing Fee & Certificate of Status Certified Copy (additional copy is enclosed)  The You have my check of \$35.00  \$55.00 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

| TERR   | y longo, LLC  |
|--|---|
|  | ompany as it now appears on our records.) ited Liability Company) |
| The Articles of Organization for this Limited Liability Comp<br>Florida document number <u>L 16 0 0000 8145</u> .                        | 1/12/2011   |
| This amendment is submitted to amend the following:  |   |
| A. If amending name, enter the new name of the limited  TERRY BESH  The new name must be distinguishable and contain the words "Limited" |   |
| Enter new principal offices address, if applicable:  |   |
| (Principal office address MUST BE A STREET ADDRES.   |   |
| N/A  |   |
| Enter new mailing address, if applicable:  |   |
| (Mailing address MAY BE A POST OFFICE BOX)   | 95 +  |
| NA   | <u> </u>  |
| B. If amending the registered agent and/or registere registered agent and/or the new registered office address                           | d office address on our records, enter the name of the new 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

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> | Address | . Type of Action |  |  |  |
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| ective :                | date, if other the                     | an the date o     | f filing:    |             |                |  |              | _ (optiona       | i)                          |                    |                  |
| n effectiv<br>te: If th | e date is listed, the date inserted in | date must be spec | cific and ca | nnot be pri | ior to date of | filing or mo                                 | re than 90 c | lays after filir | ig.) Pursuar<br>te will not | nt to 60<br>he lis | )5.02<br>:ted    |
|                         | s effective date o                     |                   |              |             |                |  |              |                  | 200                         |                    |                  |
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Filing Fee: \$25.00