

W60000 28916

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

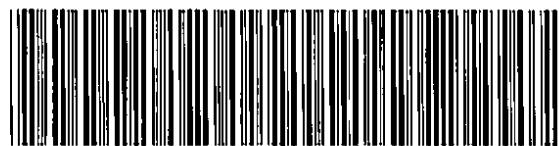
PICK-UP WAIT MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

000323279420



2019 JAN 17 AM 9:02

FLORIDA DIVISION
TALLAHASSEE, FLORIDA

FILED

19 JAN 17 PM 4:03
TALLAHASSEE, FLORIDA
200A

01/18/19--01001--010 *425.00

Special Instructions to Filing Officer:

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JCS
1-24-19

CAPITAL CONNECTION, INC.

417 E. Virginia Street, Suite 1 • Tallahassee, Florida 32301
(850) 224-8870 • 1-800-342-8062 • Fax (850) 222-1222

Susan B Powell Realty LLC

- Art of Inc. File _____
- LTD Partnership File _____
- Foreign Corp. File _____
- L.C. File _____
- Fictitious Name File _____
- Trade/Service Mark _____
- Merger File _____
- Art. of Amend. File _____
- RA Resignation _____
- Dissolution / Withdrawal _____
- Annual Report / Reinstatement _____
- Cert. Copy _____
- Photo Copy _____
- Certificate of Good Standing _____
- Certificate of Status _____
- Certificate of Fictitious Name _____
- Corp Record Search _____
- Officer Search _____
- Fictitious Search _____
- Fictitious Owner Search _____
- Vehicle Search _____
- Driving Record _____
- UCC 1 or 3 File _____
- UCC 11 Search _____
- UCC 11 Retrieval _____
- Courier _____

Signature _____

Requested by: SETH 01/17/19

Name _____ Date _____ Time _____

Walk-In _____ Will Pick Up _____

COVER LETTER

TO: **Registration Section**
Division of Corporations

SUBJECT: **SUSAN B. POWELL REALTY 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:

SUSAN B. POWELL

Name of Person

Firm/Company

1088 RIVERWIND CIRCLE

Address

VERO BEACH, FL 32967

City/State and Zip Code

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

MORIAH JENKINS

772 460-6786

Name of Person

at (_____
Area Code

Daytime Telephone Number

Enclosed is a check for the following amount:

<input type="checkbox"/> \$25.00 Filing Fee	<input type="checkbox"/> \$30.00 Filing Fee & Certificate of Status	<input type="checkbox"/> \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	<input type="checkbox"/> \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
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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

SUSAN B. POWELL REALTY, 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 02/10/2016 and assigned
Florida document number L16000028916

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:

2062 CORTEZ AVE

(Principal office address MUST BE A STREET ADDRESS)

VERO BEACH, FL 32960

Enter new mailing address, if applicable:

2062 CORTEZ AVE

(Mailing address MAY BE A POST OFFICE BOX)

VERO BEACH, FL 32960

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:

KATHLEEN B. POWELL

New Registered Office Address:

2062 CORTEZ AVE

Enter Florida street address

VERO BEACH

, Florida

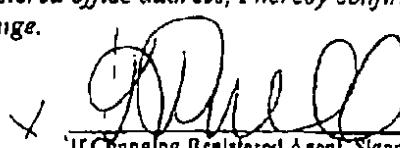
32960

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.



Irving Registered Agent, Signature of New Registered Agent

FILED

SEARCHED INDEXED
SERIALIZED FILED
FEB 11 2016
TALLAHASSEE, FLORIDA
FLORIDA SECRETARY OF STATE

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	SUSAN B. POWELL	1088 RIVERWIND CIRCLE VERO BEACH, FL 32967	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove <input type="checkbox"/> Change
			<input type="checkbox"/> Add
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2019 JAN 17 AM
FLORIDA ASSOCIATES, INC.
FLORIDA
2016 JUN 06 09:02
Change

FILED

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

2019 JAN 17 AM 9:01

FILED

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 Jan 17th 2019

Susan B. Panell
Signature of a member or authorized representative of a member

Signature of a member of authorized representative of a member

SUSAN B. Powell
Typed or printed name of signer

1. Type or print full name of signer

Page 3 of 3

Filing Fee: \$25.00