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COVER LETTER

TO: **Registration Section**
Division of Corporations

LESLEY ELLEN BARTON PLLC

SUBJECT: _____
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:

LESLEY ELLEN BARTON

Name of Person

LESLEY ELLEN BARTON PLLC

Firm/Company

22351 ADORN AVE

Address

PORT CHARLOTTE, FL 33952

City/State and Zip Code

SUNSHINEDAYSHOMES@GMAIL.COM

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

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TALLAHASSEE, FLORIDA

For further information concerning this matter, please call:

LESLEY ELLEN BARTON

224

678-1910

at (_____) _____

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

☒ \$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

**TO
ARTICLES OF ORGANIZATION
OF**

LESLEY ELLEN BARTON PLLC

(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 02/11/2016 and assigned
Florida document number L16000029123

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)

22351 ADORN AVE

PORT CHARLOTTE, FL 33952

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

22351 ADORN AVE

PORT CHARLOTTE, FL 33952

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:

LESLEY ELLEN BARTON

New Registered Office Address:

22351 ADORN AVE

Enter Florida street address

PORT CHARLOTTE

Florida

33952

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>
Manager/ CEO	Lesley Ellen Barton	22351 Adam Ave Port Charlotte, FL 33952	<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
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TALLAHASSEE, FLORIDA

(optional)

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.

(b) The 90th day after the record is filed.

Dated 6/15/2016, 2016

Signature of a member or authorized representative of a member

LESLEY ELLEN BARTON

Typed or printed name of signee