

L16000048180

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

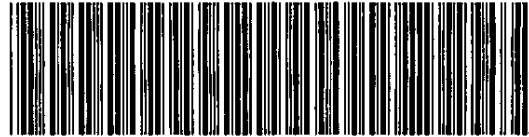
(Business Entity Name)

(Document Number)

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2016 AUG 11 P 3:41
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

EFFECTIVE DATE 08/12/16

AUG 12 2016
J. BRUCE

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: MEARES FOUR, 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:

MaryEllen MEARES
Name of Person
MEARES FOUR, LLC
Firm/Company
14525 SHADY HILLS Rd
Address
Spring Hill FL 34610
City/State and Zip Code
MEMEARES@MEARESPLUMBING.COM
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

MaryEllen Meares at (727) 243-5193
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)
- FLORIDA DEPT OF STATE

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

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TALLAHASSEE, FLORIDA

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**ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF**

MEARES FOUR, 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 3-3-16 and assigned
Florida document number L160000048180.

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)

MEARES FOUR, LLC
14525 SHADY HILLS ROAD
SPRING HILL FL 34610

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

MEARES FOUR, LLC
14525 SHADY HILLS ROAD
SPRING HILL FL 34610

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:

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

EFFECTIVE DATE 08/2/16

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>
GEN MGR	MICHAEL S MEARES	9641 FULTON AVE	<input type="checkbox"/> Add
		HUDSON FL 34667	<input type="checkbox"/> Remove
	CHANGE TO	MICHAEL "T" MEARES	<input checked="" type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
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TALLAHASSEE, FLORIDA

2016 AUG 11 PM 3:41
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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2016 AUG 11 P 3:41
CLERK OF DISTRICT COURT
TALLAHASSEE, FLORIDA

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 8-8-16

Mary Ellen Meares VP
Signature of a member or authorized representative of a member

MARY ELLEN MEARES
Typed or printed name of signee