L16000068627

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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07/25/16--01006--022 **25.00

16 AUG -5 PM 4:39
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

AUG 05 2016
J. HARRIS

COVER LETTER

TO: **Registration Section**
Division of Corporations

SUBJECT: Audior Interpreting, 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:

George Kenbro
Name of Person

Audior Interpreting, LLC
Firm/Company

305 10th Street
Address

Saint Augustine, FL 32084
City/State and Zip Code

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

For further information concerning this matter, please call:

Melanie Kenbro at (904) 687-8192
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

FLORIDA DEPARTMENT OF STATE
Division of Corporations

July 27, 2016

MELANIE KEMBRO
2800 NORTH 6TH STREET
UNIT 1, PMB 252
SAINT AUGUSTINE, FL 32084

SUBJECT: AUDIOR INTERPRETING, LLC
Ref. Number: L16000068627

We have received your document for AUDIOR INTERPRETING, LLC and your check(s) totaling $25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

You can list only one registered agent, not two.

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.

Jenna D Harris
Regulatory Specialist II

Letter Number: 816A00015788

16 AUG -5 PM 4:39
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2016 AUG -3 PM 3:46
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

TO
ARTICLES OF ORGANIZATION
OF

Audior Interpreting, 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 18 April 2016 and assigned Florida document number L16000068627.

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)

2800 N. 6th Street, Unit 1
PMB # 252
St. Augustine, FL 32084

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

2800 N. 6th Street, Unit 1
PMB # 252
St. Augustine, FL 32084

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: Melanie Kenbro

New Registered Office Address: 2800 N. 6th Street Unit 1 PMB # 252
Enter Florida street address

St. Augustine, Florida 32084
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

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AUG -5 P 4:39
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TALLAHASSEE, FLORIDA

or removed from our records:

MGR = Manager
AMBR = Authorized Member

Title	Name	Address	Type of Action
AMBR	George A. Kenbro	2800 N. 6th Street, Unit 1	☒ Add
		PMB #252	☐ Remove
		St. Augustine, FL 32084	☐ Change
AMBR	Melanie Kenbro	2800 N. 6th Street, Unit 1	☐ Add
		PMB #252	☐ Remove
		St. Augustine, FL 32084	☒ Change
			☐ Add
			☐ Remove
			☐ Change
			☐ Add
			☐ Remove
			☐ Change
			☐ Add
			☐ Remove
			☐ Change
			☐ Add
			☐ Remove
			☐ Change

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 August 3 2016.

Signature of a member or authorized representative of a member

Melanie Kembro

Typed or printed name of signee

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SECRETARY OF STATE
TALLAHASSEE FLORIDA

Filing Fee: $25.00