

L16000072245

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

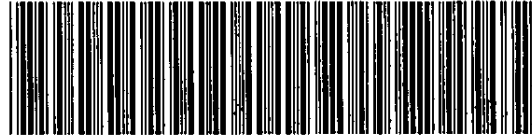
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Office Use Only

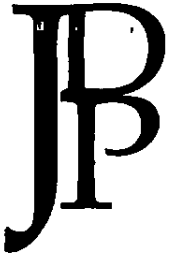


800286366138

05/31/16--01020--002 \*\*25.00

FILED  
2016 MAY 31 PM 5:18  
SECRETARY OF STATE  
TALLAHASSEE FLORIDA

*[Handwritten signature]*



Law Offices of Jennifer D. Peshke, P.A.

May 27, 2016

Via Regular U.S. Mail  
Registration Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

*RE: Friendly Image, LLC*  
*Document No. L16000072245*

Dear Sir or Madam:

Enclosed please find Articles of Amendment to Articles of Organization of Friendly Image, LLC together with a check for filing fees in the amount of \$25.00.

Please contact me with any questions. Thank you.

Sincerely,

A handwritten signature in black ink, appearing to read 'Heather J. Auten', with a stylized flourish at the end.

Heather J. Auten, Paralegal

/ha.  
Enclosures

## COVER LETTER

**TO: Registration Section  
Division of Corporations**

**SUBJECT:** FRIENDLY IMAGE, 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:

JENNIFER D. PESHKE, ESQUIRE

Name of Person

LAW OFFICES OF JENNIFER D. PESHKE, P.A.

Firm/Company

4733 N. HWY. A1A, STE. 303

Address

VERO BEACH, FL 32963

City/State and Zip Code

JDP@PESHKELAW.COM

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

For further information concerning this matter, please call:

HEATHER AUTEN, PARALEGAL

at 772 231-1233

Name of Person

Area Code

Daytime Telephone Number

Enclosed is a check for the following amount:

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

FRIENDLY IMAGE, 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 APRIL 10, 2016

Florida document number L16000072245

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)**

**Enter new mailing address, if applicable:**

**(Mailing address MAY BE A POST OFFICE BOX)**

**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.*

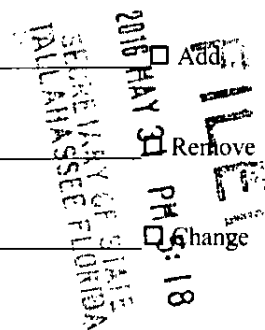
**If Changing Registered Agent, Signature of New Registered Agent**

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>
PVST	ROB WENZ	601 21ST STREET, STE. 300	<input checked="" type="checkbox"/> Add
		VERO BEACH, FL 32960	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
Mgr/Sec	SHARON WENZ	601 21ST ST., STE. 300	<input type="checkbox"/> Add
		VERO BEACH, FL 32960	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
PRES	ERIC KINSEY	601 21ST ST., STE. 300	<input type="checkbox"/> Add
		VERO BEACH, FL 32960	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
VP	MICHAEL KRZYSTON	601 21ST ST., STE. 300	<input type="checkbox"/> Add
		VERO BEACH, FL 32960	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
TREAS	KEVIN SEAPAN	601 21ST ST. STE., 300	<input type="checkbox"/> Add
		VERO BEACH, FL 32960	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change



[illegible]

(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)

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.

Signature of a member or authorized representative of a member

Typed or printed name of signee

**Filing Fee: \$25.00**

FILED  
2016 MAY 31 PM 5:18  
CLERK OF DISTRICT COURT  
TALLAHASSEE FLORIDA