

L16000072245

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

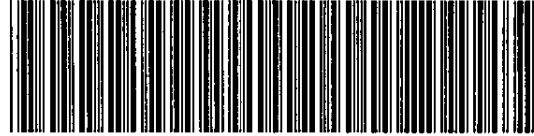
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only

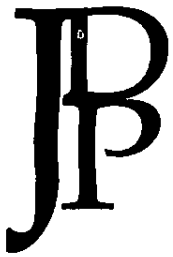


400288865354

08/11/16--01009--016 **25.00

FILED
16 AUG 11 AM 10:37
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

AUG 12 2016
J. HARRIS



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

August 8, 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 long horizontal line extending to the right.

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, ESQ.

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 J. AUTEN, PARALEGAL

Name of Person

at (772) 231-1233

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

**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 and assigned
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)

FILED
16 APR 11 AM 10 37
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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>
MGR	SHARON WENZ	601 21ST ST., STE. 300	☐ Add
		VERO BEACH, FL 32960	☒ Remove
			☐ Change
			☐ Add
			☐ Remove
			☐ Change
			☐ Add
			☐ Remove
			☐ Change
			☐ Add
			☐ Remove
			☐ Change
			☐ Add
			☐ Remove
			☐ Change
			☐ Add
			☐ Remove
			☐ Change
			☐ Add
			☐ Remove
			☐ Change
			☐ Add
			☐ Remove
			☐ Change

SECRET
16 AUG 11 16:00
TALLAHASSEE, FLORIDA
STATE
ID: 30

[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.

8/8/11

Robert Wenz

SECRET
ALLAHABAD, FLORIDA
16 AUG 11 AM 10:37