

46000084733

(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



600303581906

09/25/17--01014--012 **25.00

FILED
17 SEP 25 PM 2:04
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

S. WARREN

SEP 26 2017

Custom Framing & Design, LLC
625 N. Ferdon Blvd, Crestview, FL 32536
Tel.: 850-902-2778

September 19, 2017

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Florida Document #: L16000084733
Filed on April 29, 2016

To whom it may concern

I am the Owner, Manager and President of Custom Framing & Design, LLC.

I have recently changed my last name after my divorce and reverted to my former name of BEATRICE LEONIE. (My married name was Béatrice Frost).

Please find attached a copy of my new Florida Driver's License as well as the completed and signed Articles of Amendment to Articles of Organization.

Please make the necessary changes to your records to reflect my correct name of **BÉATRICE LÉONIE**. (No Middle Initial)

Any correspondence can be sent to my Mailing Address at:

P.O. Box 1281, Crestview, FL 32536

Thank you.

Sincerely,



Béatrice Léonie

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: CUSTOM FRAMING & DESIGN 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:

BÉATRICE LÉONIE
Name of Person

CUSTOM FRAMING & DESIGN LLC
Firm/Company

625 N. FERDON BLVD - SUITE C
Address

CRESTVIEW FL 32536
City/State and Zip Code

CUSTOMFRAMING.DESIGN@YAHOO.COM
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

BÉATRICE LÉONIE at 850 902-2778
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

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

CUSTOM FRAMING & DESIGN, 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 29, 2016 and assigned
Florida document number L16000084793

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
17 SEP 25 PM 2:04
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:

BEATRICE LEONIE

New Registered Office Address:

625 N. FERDON BLVD - SUITE C

Enter Florida street address

CRESTVIEW

Florida

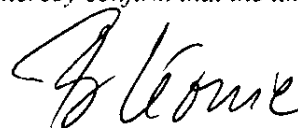
32536

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

Title	Name	Address	Type of Action
MGR	BEATRICE FROST	P.O. Box 1281 CRESTVIEW, FL 32536 625 N Ferdou Bld-C " " " "	<input type="checkbox"/> Add

☒ Remove

☐ Change

MGR	BEATRICE LÉONIE	Same address as above	<input checked="" type="checkbox"/> Add
-----	-----------------	-----------------------	---

PERSONAL HOME ADDRESS:

125 BEL AIRE DRIVE
CRESTVIEW, FL 32536

☐ Remove

☐ Change

☐ Add

☐ Remove

☐ Change

☐ Add

☐ Remove

☐ Change

☐ Add

☐ Remove

FILED
SEP 25 PM 2:08
CLERK OF DISTRICT COURT
TALLAHASSEE, FLORIDA

D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

I AM THE OWNER AND PRESIDENT OF
CUSTOM FRAMING & DESIGN, LLC.

I RECENTLY GOT DIVORCED AND HAVE
REVERTED TO MY PREVIOUS LAST NAME.

PLEASE FIND ATTACHED A COPY OF
MY NEW DRIVER'S LICENSE SHOWING
MY NEW NAME AS BEING
BEATRICE LEONIE.

NO OTHER CHANGES HAVE BEEN MADE.

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 SEPTEMBER 19, 2017.


Signature of a member or authorized representative of a member

BEATRICE LEONIE

Typed or printed name of signee

FILED
17 SEP 25 PM 2:06
SECRETARY OF STATE
TALLAHASSEE, FLORIDA