

**L16000095558**

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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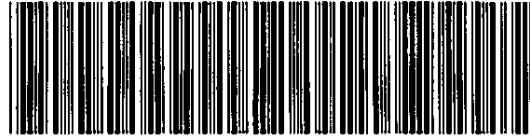
(Business Entity Name)

(Document Number)

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**16 AUG 15 AM 11:42**  
**SECRETARY OF STATE**  
**TALLAHASSEE, FLORIDA**

*08/17/16*

# COVER LETTER

**TO: Registration Section  
Division of Corporations**

**SUBJECT:** Enchantments Antiques and Collectibles 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:

Connie G. Hibbs  
Name of Person

Enchantments Antiques and Collectibles LLC  
Firm/Company

3482 Commercial Way  
Address

Spring Hill Florida 34606  
City/State and Zip Code

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

For further information concerning this matter, please call:

Connie G. Hibbs at 859-489-2364  
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

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

Enchantments Antiques and Collectibles 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 05/11/2016 and assigned Florida document number L16000095558

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:

Connie G. Hibbs

New Registered Office Address:

3482 Commercial Way

*Enter Florida street address*

Spring Hill Fl

Florida 34606

*City*

*Zip Code*

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**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>
Managing	Darlene Morgan Hudson	3482 Commercial Way Spring Hill	<input type="checkbox"/> Add
			<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
<i>Managing member</i>	<i>Robert A. Trisko</i>	<i>3482 Commercial Way</i>	<input checked="" type="checkbox"/> Add
		<i>Spring Hill 34606</i>	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

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

Darlene Morgan Hudson told me on 8/8/2016 she no longer wanted to be a part of this business . She abandoned the business and did not show up to work after this time. She told me she was closing anything in her name down and that includes the utilities. So i am the registered agent and hereby remove here from this business Enchan This removal is to effective immediately. She is no longer a member of this business as of 8/8/2016. She is respons She no longer can be a part of anything concerning this business.

Thank You

Connie G. Hibbs

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**E. Effective date, if other than the date of filing: 8/9/2016 (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 08/09/2016 8/9/2016

Connie G. Hibbs

Signature of a member or authorized representative of a member

Connie G. Hibbs

Typed or printed name of signer

Notary :

Personally Appeared before me Connie G Hibbs  
who presented Fe Page 3 of 3  
ID card + did not take an Oath  
Filing Fee: \$25.00

Kimberly A Christy  
Kimberly A Christy



KIMBERLY A. CHRISTY  
MY COMMISSION # FF 137027  
EXPIRES: July 21, 2018  
Bonded Thru Budget Notary Services