L16000 141024

(Requ	uestor's Name)	
(Addr	ess)	
(Addı	ress)	
(City/	State/Zip/Phone	e #)
PICK-UP	WAIT	MAIL
(Busi	ness Entity Nar	me)
(Doce	ument Number)	
Certified Copies	Certificates	s of Status
Special Instructions to Fi	ling Officer:	



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09/06/16---01037---011 **30.00

2016 SEP -6 PM 2: 26

Office Use Only

K.SALY EXAMINER SEP - 9

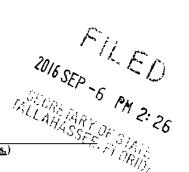
COVER LETTER

	Registration Division of C			
SUBJEC		MATION TO YOU, LLC		
SUBJEC		Name of Lim	nited Liability Company	
		of Amendment and fee(s) are sub	_	
		JAN M. MECKMAN		
Name of Person				
INFORMATION TO YOU, LLC				
			Firm/Company	
		2505 FUIT TREE DRIVE		
			Address	
		SARASOTA, FL 34239		
		mmeckman@bizvisas.com	City/State and Zip Code	
		E-mail address: (to be used for future annual report notif	fication)
For furthe	er information	concerning this matter, please ca	all:	
JAN M. I	MECKMAN		941 544-5761	
	Name	e of Person	at () Area Code Daytime	e Telephone Number
Enclosed	is a check for	the following amount:		
□ \$25.0	0 Filing Fee	■ \$30.00 Filing Fee & Certificate of Status	□ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	☐ \$60.00 Filing Fec, 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



Zip Code

INFORMATION TO YOU, LLC

(Name of the Lim	ited Liability Compa (A Florida Limited I	ny as it now appears on our records.) Liability Company)	The Property of the second
The Articles of Organization for this Limited I Florida document number L16000141024		were filed on 07/27/2016	and assigned
This amendment is submitted to amend the fol	lowing:		
A. If amending name, enter the new name	of the limited liab	ility company here:	
N/A			
The new name must be distinguishable and contain the	words "Limited Liabil	ity Company," the designation "LLC" or the	abbreviation "L.L.C."
Enter new principal offices address, if appli	cable:	N/A	
(Principal office address MUST BE A STRE	ET ADDRESS)		
Enter new mailing address, if applicable:		N/A	
(Mailing address MAY BE A POST OFFICE	<u>BOX)</u>		
B. If amending the registered agent and	Van magistanad af	The address on our records onto	The name of the
registered agent and/or the new registered of			r the name of the ne
Name of New Registered Agent:	N/A		
New Registered Office Address:	N/A		
		Enter Florida street address	

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.

City

MA	
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>	Type of Action
PRES	MECKMAN, JAN M	2505 FRUIT TREE DRIVE	
		SARASOTA, FL 34239	■ Remove
			☐ Change
MMGR	ASBURY, KATHRYN M	2505 FRUIT TREE DRIVE	Add
		SARASOTA, FL 34239	□ Remove
			Change
VP/S	ASBURY, STUART F	2505 FRUIT TREE DRIVE	■ Add
		SARASOTA, FL 34239	Remove
			Change
TREAS	MECKMAN, JAN M	2505 FRUIT TREE DRIVE	Add
		SARASOTA, FL 34239	☐ Remove
			ZA Charge TI
			DAdd - 6 Per 2: 26 Di Change
			Remove
			Change

	EIN: 81-3482125 (add)
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an ef ote:	fective date, if other than the date of filing:
re The	cord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of 90th day after the record is filed.
ated	AUGUST 29 ,2016
ııcu	
	1/1/1/1/1/Mann In
	Signature of a member of authorized representative of a member

Page 3 of 3

Filing Fee: \$25.00