

L16000142333

(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



000306306280

12/08/17--01013--025 **25.00

FILED
17 DEC -8 PM 4: 26
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

BF
12/14/17

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: Longhorn Lady Properties, 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:

Elizabeth Hisey

Name of Person

Longhorn Lady Properties, LLC

Firm/Company

19101 Cortez Blvd

Address

Brooksville, FL 34603

City/State and Zip Code

longhornlady22@gmail.com

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

For further information concerning this matter, please call:

Name of Person

at (_____) _____

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**

Longhorn Lady Properties, 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 August 2, 2016 and assigned
Florida document number L16000142333.

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

MGR = Manager
AMBR = Authorized Member

17 ☐ REC - 80 PM 26
 18 ☐
 19 ☐
 20 ☐
 21 ☐
 22 ☐
 23 ☐
 24 ☐
 25 ☐
 26 ☐
 27 ☐
 28 ☐
 29 ☐
 30 ☐
 31 ☐
 32 ☐
 33 ☐
 34 ☐
 35 ☐
 36 ☐
 37 ☐
 38 ☐
 39 ☐
 40 ☐
 41 ☐
 42 ☐
 43 ☐
 44 ☐
 45 ☐
 46 ☐
 47 ☐
 48 ☐
 49 ☐
 50 ☐
 51 ☐
 52 ☐
 53 ☐
 54 ☐
 55 ☐
 56 ☐
 57 ☐
 58 ☐
 59 ☐
 60 ☐
 61 ☐
 62 ☐
 63 ☐
 64 ☐
 65 ☐
 66 ☐
 67 ☐
 68 ☐
 69 ☐
 70 ☐
 71 ☐
 72 ☐
 73 ☐
 74 ☐
 75 ☐
 76 ☐
 77 ☐
 78 ☐
 79 ☐
 80 ☐
 81 ☐
 82 ☐
 83 ☐
 84 ☐
 85 ☐
 86 ☐
 87 ☐
 88 ☐
 89 ☐
 90 ☐
 91 ☐
 92 ☐
 93 ☐
 94 ☐
 95 ☐
 96 ☐
 97 ☐
 98 ☐
 99 ☐
 100 ☐
 101 ☐
 102 ☐
 103 ☐
 104 ☐
 105 ☐
 106 ☐
 107 ☐
 108 ☐
 109 ☐
 110 ☐
 111 ☐
 112 ☐
 113 ☐
 114 ☐
 115 ☐
 116 ☐
 117 ☐
 118 ☐
 119 ☐
 120 ☐
 121 ☐
 122 ☐
 123 ☐
 124 ☐
 125 ☐
 126 ☐
 127 ☐
 128 ☐
 129 ☐
 130 ☐
 131 ☐
 132 ☐
 133 ☐
 134 ☐
 135 ☐
 136 ☐
 137 ☐
 138 ☐
 139 ☐
 140 ☐
 141 ☐
 142 ☐
 143 ☐
 144 ☐
 145 ☐
 146 ☐
 147 ☐
 148 ☐
 149 ☐
 150 ☐
 151 ☐
 152 ☐
 153 ☐
 154 ☐
 155 ☐
 156 ☐
 157 ☐
 158 ☐
 159 ☐
 160 ☐
 161 ☐
 162 ☐
 163 ☐
 164 ☐
 165 ☐
 166 ☐
 167 ☐
 168 ☐
 169 ☐
 170 ☐
 171 ☐
 172 ☐
 173 ☐
 174 ☐
 175 ☐
 176 ☐
 177 ☐
 178 ☐
 179 ☐
 180 ☐
 181 ☐
 182 ☐
 183 ☐
 184 ☐
 185 ☐
 186 ☐
 187 ☐
 188 ☐
 189 ☐
 190 ☐
 191 ☐
 192 ☐
 193 ☐
 194 ☐
 195 ☐
 196 ☐
 197 ☐
 198 ☐
 199 ☐
 200 ☐
 201 ☐
 202 ☐
 203 ☐
 204 ☐
 205 ☐
 206 ☐
 207 ☐
 208 ☐
 209 ☐
 210 ☐
 211 ☐
 212 ☐
 213 ☐
 214 ☐
 215 ☐
 216 ☐
 217 ☐
 218 ☐
 219 ☐
 220 ☐
 221 ☐
 222 ☐
 223 ☐
 224 ☐
 225 ☐
 226 ☐
 227 ☐
 228 ☐
 229 ☐
 230 ☐
 231 ☐
 232 ☐
 233 ☐
 234 ☐
 235 ☐
 236 ☐
 237 ☐
 238 ☐
 239 ☐
 240 ☐
 241 ☐
 242 ☐
 243 ☐
 244 ☐
 245 ☐
 246 ☐
 247 ☐
 248 ☐
 249 ☐
 250 ☐
 251 ☐
 252 ☐
 253 ☐
 254 ☐
 255 ☐
 256 ☐
 257 ☐
 258 ☐
 259 ☐
 260 ☐
 261 ☐
 262 ☐
 263 ☐
 264 ☐
 265 ☐
 266 ☐
 267 ☐
 268 ☐
 269 ☐
 270 ☐
 271 ☐
 272 ☐
 273 ☐
 274 ☐
 275 ☐
 276 ☐
 277 ☐
 278 ☐
 279 ☐
 280 ☐
 281 ☐
 282 ☐
 283 ☐
 284 ☐
 285 ☐
 286 ☐
 287 ☐
 288 ☐
 289 ☐
 290 ☐
 291 ☐
 292 ☐
 293 ☐
 294 ☐

This image shows a blank sheet of white paper with horizontal blue or grey ruling lines. A single vertical line runs down the left side, creating a margin. The paper appears to be from a notebook or a standard sheet of stationery. There are no markings, text, or drawings on the page.

(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.

Elizabeth Wiser
Signature of a member or authorized representative of a member

Elizabeth Hisey
Typed or printed name of signer

SECRET
DEC - 8 PM 4: 26
SECRETARY OF STATE
TALLAHASSEE, FLORIDA