

L17-000001018

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

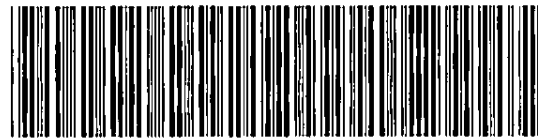
(Document Number)

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10/17/17-01001-003-25.00

17 OCT 17 AM 12:49



FLORIDA DEPARTMENT OF STATE
Division of Corporations

October 9, 2017

JESSICA MCGOWAN
3360 SUMMIT LANE
LAKELAND, FL 33810 US

SUBJECT: MCGOWAN SISTERS LLC
Ref. Number: L17000001018

We have received your document for MCGOWAN SISTERS LLC, however, upon receipt of your document no check was enclosed. Please return your **document** along with a **check** or **money order** made payable to the Department of State for \$25.00.

Section 605.0203(1), Florida Statutes, requires the document(s) to be signed by one person acting as an authorized representative.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Yasemin Y Sulker
Regulatory Specialist II

Letter Number: 217A00020356

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: McGowan Family LLC
Name of Limited Liability Company

FILED
2017 OCT -5 PM 11:39
TALLAHASSEE, FL 32301

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Jessica McGowan
Name of Person

Firm/Company

3360 Summit Ln
Address

Lakeland, FL 33810
City/State and Zip Code

mcgowan1122@gmail.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Jessica McGowan at (813) 843 1725
Name of Person Area Code Daytime Telephone Number

Enclosed is a check for the following amount:

- | | | | |
|--------------------------------------------------------|------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------|
| <input checked="" type="checkbox"/> \$25.00 Filing Fee | <input type="checkbox"/> \$30.00 Filing Fee &
Certificate of Status | <input type="checkbox"/> \$55.00 Filing Fee &
Certified Copy
(additional copy is enclosed) | <input type="checkbox"/> \$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

NO \$/

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

McGowan Sisters 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 1/3/17 and assigned Florida document number L170000018.

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

McGowan Family LLC

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

• 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	Jessica McFlower	3360 Summit Ln	<input type="checkbox"/> Add
		Lakeland Fl 33810	<input type="checkbox"/> Remove
			<input checked="" type="checkbox"/> Change
MGR	Jessica McFlower		<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input checked="" type="checkbox"/> Change
MGR	Shannon Fischer	12729 Geneva Glade Dr	<input type="checkbox"/> Add
		Riverview, Fl 33578	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	Thomas McBowen	3360 Summit Ln	<input checked="" type="checkbox"/> Add
		Lakeland, Fl 33810	<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

1. If available, enter information, enter additional items (attach additional sheets, if necessary.)

17 OCT 47 AM 12 49

(10) The 20th day after the ...

1000

Jessica McGowan

Jessica McGowan

Page 1 of 1

Total Price: \$25.00