

L17000023961

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

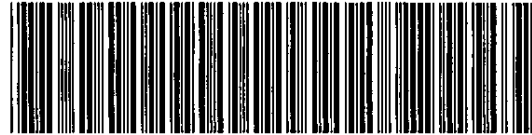
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FILED

S Warren

FEB 28 2017

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: Requiem for a Lost Soul 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:

Thomas L. Mason

Name of Person

Requiem for a Lost Soul LLC

Firm/Company

101 Cottonwood Lane

Address

Naples, FL 34112

City/State and Zip Code

redlight9798@gmail.com

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

For further information concerning this matter, please call:

Charles G. Masi

630

805-1006

at (_____) _____

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**

Requiem for a Lost Soul 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 2/21/2017 and assigned
Florida document number L17000023961.

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)

101 Cottonwood Lane

Naples, FL 34112

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

101 Cottonwood Lane

Naples, FL 34112

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:

Thomas L. Mason

New Registered Office Address:

101 Cottonwood Lane

Enter Florida street address

Naples

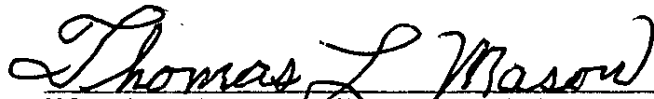
City

Florida 34112

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

FILED

Change
Add
Remove
Change

2017 FEB 07 PM 2:00

CLERK OF DISTRICT COURT
JACKSONVILLE, FLORIDA

[illegible]

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.

Dated 24 February 2017

Signature of a member or authorized representative of a member

Typed or printed name of signee

Filing Fee: \$25.00

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA