

L17000059909

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

S. WARREN

JUN 06 2017

## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: ACORN ROOM ENTERPRISE, 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:

NICOLE A. DEITRICK

Name of Person

ACORN ROOM ENTERPRISE, LLC

Firm/Company

1415 10TH ST E

Address

PALMETTO, FLORIDA 34221

City/State and Zip Code

loridorman@bpdlawoffice.com

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

For further information concerning this matter, please call:

NICOLE A. DEITRICK

941

721-4559

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**

ACORN ROOM ENTERPRISE, 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 March 15, 2017, and assigned  
Florida document number L17000059909

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

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TALLAHASSEE, FLORIDA

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>
AMBR	NICOLE A. DEITRICK	1415 10TH ST E	<input checked="" type="checkbox"/> Add
		PALMETTO, FL	<input type="checkbox"/> Remove
		34221	<input type="checkbox"/> Change
AMBR	BRIAN DEITRICK	1415 10TH ST E	<input type="checkbox"/> Add
		PALMETTO, FL	<input type="checkbox"/> Remove
		34221	<input checked="" type="checkbox"/> Change
AR	TERI ROBERTS	1415 10TH ST E	<input type="checkbox"/> Add
		PALMETTO, FL	<input checked="" type="checkbox"/> Remove
		34221	<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
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			<input type="checkbox"/> Change

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**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 MAY 30 2017

Am 0208

Signature of a member or authorized representative of a member

NICOLE A. DEITRICK

Typed or printed name of signee

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