

L17000157842

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

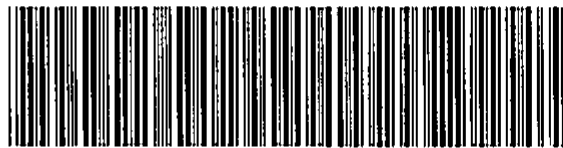
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Office Use Only



800302149618

08/11/17--01022--011 \*\*30.00

FILED  
17 AUG 11 PM 3:18  
DIVISION OF CORPORATIONS

O SIMMONS  
AUG 14 2017

Holly Ann Neeley

Name of Person

Firm/Company

158 Mansker Park Dr

Address

Hendersonville, TN 37075

City/State and Zip Code  
lularoeneeley@gmail.com

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

For further information concerning this matter, please call:

Holly Ann Neeley

at ( 615 ) 934-3180

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**

(Name of the Limited Liability Company as it now appears on our records.)

(A Florida Limited Liability Company)

7-21-2017

The Articles of Organization for this Limited Liability Company were filed \_\_\_\_\_ on \_\_\_\_\_ and assigned \_\_\_\_\_

Florida document number \_\_\_\_\_

This amendment is submitted to amend the following:

**A. If amending name, enter the new name of the limited liability company here:**Florida Sisters Shop, 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

Page 1 of 3

**Amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added or removed from our records:**

AMGR = Manager

AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
--------------	-------------	----------------	-----------------------

11/11/18

\_\_\_\_\_ ☐ Add

Remove

Change

\_\_\_\_\_ ☐ Add

Remove

Change

\_\_\_\_\_ ☐ Add

Remove

Change

\_\_\_\_\_ ☐ Add

Remove

Change

\_\_\_\_\_ ☐ Add

Remove

Change

\_\_\_\_\_ ☐ Add

☐ Remove

☐ Change

FILED  
17 AUG 11 PM 3:18  
DIVISION OF CORPORATIONS

D. If amending any other information, enter change(s) here: *(Attach additional sheets, if necessary.)*

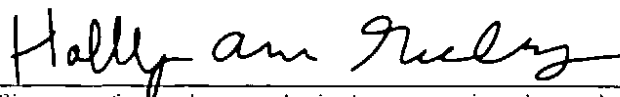
[illegible]

E. Effective date, if other than the date of filing: 8/26/2017 (optional)

(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) **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.

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.

Dated 8/7/2017, 1:22 p.m.



Signature of a member or authorized representative of a member

Holly Ann Neeley

Typed or printed name of signee

Page 3 of 3 Filing Fee: \$25.00

FILED  
17 AUG 11 PM 3:18  
DIVISION OF CORPORATIONS