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(Address)

(City/State/Zip/Phone #)

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FILED
TALLAHASSEE, FL

2019 SEP 16 PM 1:45

FILED

SEP 25 2019

C. KINSEY

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Frameous Eyes 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:

Erik Eklund
Name of Person

Frameous Eyes LLC
Firm/Company

3909 East Torchlake Dr.
Address

The Villages, FL 32163
City/State and Zip Code

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

For further information concerning this matter, please call:

Erik Eklund at (786) 223-9934
Name of Person Area Code Daytime Telephone Number

Enclosed is a check for the following amount:

- | | | | |
|---|--|--|---|
| <input 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 checked="" 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

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

Frameous Eyes LLC

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

FILED
2019 SEP 16 PM 1:45
SEAL
TALLAHASSEE, FL

The Articles of Organization for this Limited Liability Company were filed on 07/25/17 and assigned
Florida document number L17000158335

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here: (mainly what I am amending)
Frameous Eyes 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)

3970 SW Archer Rd
Gainesville FL 32608

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

3909 East Torchlake Drive
The Villages, FL 32163

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:

ENIKCEKLUND

New Registered Office Address:

3909 East Torchlake Drive

Enter Florida street address

The Villages, Florida 32163
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 add 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	Erik ^C Eklund	3909 EAST Torchlake Drive	<input type="checkbox"/> Add
		The Villages, FL 32163	<input checked="" type="checkbox"/> Keep Same
			<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
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			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

[illegible]

(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.

Dated _____, _____

$$\text{Er}^*K \subset \text{Er}^*K(\text{und})$$

Typed or printed name of signee