

# L17 000 158335

\_\_\_\_\_  
(Requestor's Name)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(City/State/Zip/Phone #)

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PICK-UP

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WAIT

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MAIL

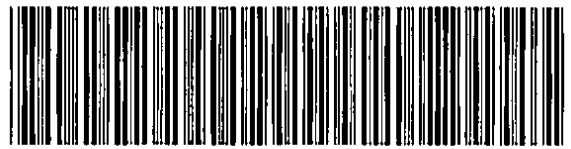
\_\_\_\_\_  
(Business Entity Name)

\_\_\_\_\_  
(Document Number)

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

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10/15/19--01033--024 \*\*30.00

2019 10 15 PM 8:02

## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: Framous 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

Framous Eyes LLC  
Firm/Company

3909 East Fowchlake Dr.  
Address

The Villages, FL 32163  
City/State and Zip Code

~~Erik Eklund~~ Erik 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 checked="" type="checkbox"/> \$30.00 Filing Fee &<br>Certificate of Status | <input type="checkbox"/> \$55.00 Filing Fee &<br>Certified Copy<br>(additional copy is enclosed) | <input type="checkbox"/> \$60.00 Filing Fee,<br>Certificate of Status &<br>Certified Copy<br>(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

TO  
ARTICLES OF ORGANIZATION  
OF

Framous Eyes LLC 2015 OCT 15 AM 8:02  
(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 07/25/17 and assigned  
Florida document number L17000158335 Last amend 09/16/11

This amendment is submitted to amend the following:

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

Framous Eyes LLC *(Going back to previous name due to insu conti)*  
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 Road  
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:

Erik C EKlund

New Registered Office Address:

3909 East Torchlake Drive

Enter Florida street address

The Villages

City

Florida

32163

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

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	Enk C Eklund	3909 East Tordlake Drive	<input type="checkbox"/> Add
		The Villages, FL 32163	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
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			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

**E. Effective date, if other than the date of filing:** \_\_\_\_\_ (optional)

**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

  
Signature of a member

Signature of a member or authorized representative of a member

Erik C Eklund

Typed or printed name of signee