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(Requestor's Name)

(Address)

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(City/State/Zip/Phone #)

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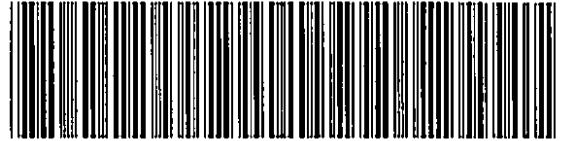
(Business Entity Name)

(Document Number)

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FLORIDA DEPARTMENT OF STATE
Division of Corporations

September 10, 2018

NIKKI A URI
12966 WHITE VIOLET DR
NAPLES, FL 34119

SUBJECT: SUE DEWINE CONSULTING, LLC.
Ref. Number: L18000133532

We have received your document for SUE DEWINE CONSULTING, LLC. and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Section 605.0203(1), Florida Statutes, requires the document(s) to be signed by one person acting as an authorized representative.

Please type or print name of signee.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Dionne M Scott
Regulatory Specialist II

Letter Number: 118A00018709

2018 SEP 19 AM 11:29

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: SUE DEWINE CONSULTING, 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:

NIKKI A. URI

Name of Person

LAW OFFICE OF NIKKI A. URI

Firm/Company

P.O. BOX 110145

Address

NAPLES, FL 34108

City/State and Zip Code

NIKKIAURI@YAHOO.COM

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

For further information concerning this matter, please call:

NIKKI A. URI

239

287-1753

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

SEP 19 7 32 PM '07

CLERK

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

SUE DEWINE CONSULTING, 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 MAY 29, 2018 and assigned
Florida document number L18000133532.

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:

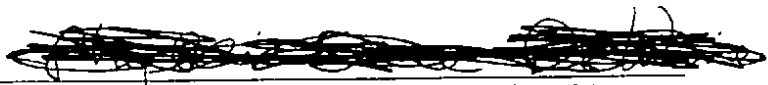
Name of New Registered Agent: PHYLLIS SUE DEWINE

New Registered Office Address: 15162 MAJORCA BAY DR. APT. 1
Enter Florida street address

NAPLES, Florida 34110
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 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>
MGR	PHYLLIS SUE DEWINE		<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
		15162 MAJORCA BAY DR. APT. 1 NAPLES, FL 34110	<input checked="" type="checkbox"/> Change
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Dated 5th Sept. 17, 2018

Signature of a member or authorized representative of a member

Typed or printed name of signee